

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Electronically Filed by Mr Justin Moore Date 07 20 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		311909.89
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	365496.65									
(c) Total Receipts (from Line 19)	101057.29	327644.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	466553.94	639553.94								
7. Total Disbursements (from Line 31)	82000.00	255000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	384553.94	384553.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	49352.88	151864.52
(ii) Unitemized	51674.64	175639.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101027.52	327503.58
(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)	101027.52	327503.58
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.)	29.77	140.47
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	101057.29	327644.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	101057.29	327644.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	255000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	82000.00	255000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82000.00	255000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	101027.52	327503.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101027.52	327503.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Korryn Wiese

Mailing Address 1344 E 5200 S

City Ogden State UT Zip Code 84403-3911

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 30084008

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Gina Pauline Otterbein

Mailing Address 5797 Beaver Creek Drive

City Coopersville State MI Zip Code 49404-9674

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

Name of Employer Northern Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 30084021

Amount of Each Receipt this Period 250.00

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

Mailing Address South McGregor Medical Ctr
15620 McGregor Blvd Ste D

City Fort Myers State FL Zip Code 33908-2528

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

Name of Employer Stevenson Physical Therapy Inc Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 30084027

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Adam Cecil Adams		Date of Receipt MM / DD / YYYY 06 / 02 / 2009	
	Mailing Address 676 Lone Oak Dr		Transaction ID: 30103790	
	City	State	Zip Code	Amount of Each Receipt this Period
	Pegram	TN	37143-2054	250.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer Centennial Medical Center		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

B.	Full Name (Last, First, Middle Initial) David Hammer		Date of Receipt MM / DD / YYYY 06 / 02 / 2009	
	Mailing Address 1051 Las Tablas Road Suite D		Transaction ID: 30103805	
	City	State	Zip Code	Amount of Each Receipt this Period
	Templeton	CA	93465-5603	250.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer ARC Physical Therapy		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Diane Casey		Date of Receipt MM / DD / YYYY 06 / 04 / 2009	
	Mailing Address 3711 Medical Dr Apt 421		Transaction ID: 30103826	
	City	State	Zip Code	Amount of Each Receipt this Period
	San Antonio	TX	78229-2283	250.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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: PAGE 8 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carol M. Davis

Mailing Address 5915 Ponce de Leon Boulevard
Division of Physical Therapy 5th

City State Zip Code
Coral Gables FL 33146-2435

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

Name of Employer Univ of Miami School of Medicine Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30103828

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sue Schuerman

Mailing Address 1330 Fragrant Spruce Ave

City State Zip Code
Las Vegas NV 89123-5357

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

Name of Employer UNLV Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30103851

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kristine Vroom

Mailing Address 2 Minori

City State Zip Code
Laguna Niguel CA 92677-9046

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30103854

Amount of Each Receipt this Period
250.00

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: PAGE 9 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul Christopher Wheeler

Mailing Address 1702 S. Olympic Club Drive

City Tucson State AZ Zip Code 85710-7279

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt 06 / 04 / 2009
Transaction ID: 30103855
 Amount of Each Receipt this Period 365.00

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

Mailing Address 10 S 347 Hampshire Ln East

City Willowbrook State IL Zip Code 60527-6042

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

Name of Employer Children's Memorial Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2009
Transaction ID: 30103860
 Amount of Each Receipt this Period 250.00

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

Mailing Address 44 Clifton Street

City Lynchburg State VA Zip Code 24501-1422

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 04 / 2009
Transaction ID: 30103861
 Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional) ► 1240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

Mailing Address 7913 Creek Bend Drive

City Ypsilanti State MI Zip Code 48197-6204

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

Name of Employer Detroit Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2009

Transaction ID: 30103862

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 211 Kingston Drive

City Forest State VA Zip Code 24551-2336

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

Name of Employer Rehabilitation Associates of Central V Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 03 / 2009

Transaction ID: 30103865

Amount of Each Receipt this Period 625.00

C.

Full Name (Last, First, Middle Initial)
Olive Whitehead

Mailing Address PO Box 37

City Jackson State AL Zip Code 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2009

Transaction ID: 30103877

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **975.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Erik Van Doorne

Mailing Address 1111 N. Fairfax Street

City State Zip Code
Alexandria VA 22314-1484

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

Name of Employer: Manual Orthopaedic Physiotherapy
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 06 / 03 / 2009
Transaction ID: 30103898
Amount of Each Receipt this Period: 500.00

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

Mailing Address 44 Clifton Street

City State Zip Code
Lynchburg VA 24501-1422

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

Name of Employer: RACV
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt: 06 / 03 / 2009
Transaction ID: 30107351
Amount of Each Receipt this Period: 625.00

C. Full Name (Last, First, Middle Initial)
James Carroll Groschan

Mailing Address Suite 300
2328 W Joppa Rd

City State Zip Code
Lutherville Timoni MD 21093-4685

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

Name of Employer: Self-Employed
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 06 / 03 / 2009
Transaction ID: 30107472
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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 12 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Keith S. Blasingame

Mailing Address 3322 Waters Edge Drive

City State Zip Code
Manvel TX 77578-7806

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

Name of Employer ProActive Physical Therapy Centers
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2009

Transaction ID: 30107857

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. John B. Gee

Mailing Address 1516 E. Hoechester Rd

City State Zip Code
Springfield IL 62712-3806

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

Name of Employer Memorial Medical Center
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30107874

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Helene M. Fearon

Mailing Address 5226 E Via Buena Vista

City State Zip Code
Paradise Valley AZ 85253-2122

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30108526

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dennis J. Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Rehab Partners Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30123918

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Judith Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Physical Therapy at St. Luke's Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30124192

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dean P Scheels

Mailing Address 11745 West Howard Avenue

City State Zip Code
Greenfield WI 53228-1874

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

Name of Employer Health Reach Rehabilitation Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30205489

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ann Giffin		Date of Receipt MM / DD / YYYY 06 / 04 / 2009		
	Mailing Address Box 52 1924 Alcoa Hwy		Transaction ID: 30205898		
	City Knoxville	State TN	Zip Code 37901-0052	Amount of Each Receipt this Period 43.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Tennessee	Occupation PT			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00			

B.	Full Name (Last, First, Middle Initial) Kevin Krause		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address 1011 West Penn Avenue		Transaction ID: 30255400		
	City Robesonia	State PA	Zip Code 19551-9550	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Western Berks PT	Occupation PT			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Martha Lewis		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address PO Box 2305		Transaction ID: 30255404		
	City Conway	State SC	Zip Code 29528-2305	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	793.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 78
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Paul Ducrest

Mailing Address 816 Harding

City State Zip Code
Lafayette LA 70503-2320

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

Name of Employer Occupation
Arcadian Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 30255424

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Adrienne Parry

Mailing Address 1880 W Orange Grove Rd

City State Zip Code
Tucson AZ 85704-1129

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: 30255454

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 23410 Four Chimneys Lane
PO Box 1769

City State Zip Code
Middleburg VA 20117-2805

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

Name of Employer Occupation
The Jackson Clinics PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30256863

Amount of Each Receipt this Period
250.00

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 16 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Carolyn Jones Gould

Mailing Address 1880 Durand Mill Dr NE

City Atlanta State GA Zip Code 30307-1170

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30256887

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ajay M. Kalola

Mailing Address 14 Woodward Dr Suite B

City Old Bridge State NJ Zip Code 08857-3363

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

Name of Employer Central Jersey PT Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30256890

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Curt R DeWeese

Mailing Address 1155 Chimney Trail

City Webster State NY Zip Code 14580-9611

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30256900

Amount of Each Receipt this Period 250.00

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 17 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lynn Colby		Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 6984 Lakebrook Blvd		Transaction ID: 30258497
	City Columbus	State OH	Zip Code 43235-4240
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Retired	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kelly Chaplin Shinall		Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 507 Cumberland Pl		Transaction ID: 30258515
	City Oxford	State MS	Zip Code 38655-9300
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Cornerstone Rehab of Oxford	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Michael P. Herbert		Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 394 Sycamore St		Transaction ID: 30258516
	City Tiffin	State OH	Zip Code 44883-3252
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer PT Services Rehabilitation Inc.	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 78
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dreama M. Waldrop

Mailing Address 10070 W Halls River Road

City State Zip Code
Homosassa FL 34448-3512

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

Name of Employer
Therapy Management Corporation

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258518

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Brett Alan Tice

Mailing Address 15171 Kelly Dr

City State Zip Code
Harlingen TX 78552-6738

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

Name of Employer
Back to Action

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30258519

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Richard L Bettesworth

Mailing Address 723 N 71st Street

City State Zip Code
Seattle WA 98103-5128

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

Name of Employer
Swedish Medical Center

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258525

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald Mildrew

Mailing Address 1024 Independence Blvd

City State Zip Code
Virginia Beach VA 23455-5503

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

Name of Employer Haygood Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258526

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Greg Monson

Mailing Address 1001-34 Ave Drive

City State Zip Code
Moline IL 61265

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

Name of Employer Rock Valley Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258625

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jennie Kane Gregory

Mailing Address 1002 Abercorn Place

City State Zip Code
Sherwood AR 72120-6502

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

Name of Employer St. Vincent Health Systems Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30258675

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 78
(check only one)

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

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

A.

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

Mailing Address 443 Wentz St

City State Zip Code
Kutztown PA 19530-1033

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

Name of Employer Occupation
Cellfication Inc. PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258677

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 850 Road 5

City State Zip Code
Powell WY 82435-8422

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

Name of Employer Occupation
Advantage Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258679

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 324 Holly Circle

City State Zip Code
Sandy UT 84070-3436

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

Name of Employer Occupation
Westwood Physical Therapy Clinic PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258685

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 78
(check only one)

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

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

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

Mailing Address 8337 Mitchell Mill Rd

City State Zip Code
Ooltewah TN 37363-8837

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

Name of Employer Occupation
University of Tennessee PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30258690

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Pamela Jean Millington

Mailing Address 3081 S Superior Street

City State Zip Code
Milwaukee WI 53207-3063

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

Name of Employer Occupation
Zublocki VA Medical Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30258692

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Shiu-Bong L Ho

Mailing Address 18425 Burbank Blvd Ste 413

City State Zip Code
Tarzana CA 91356-6677

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

Name of Employer Occupation
Ho Rehabilitation Center, Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30258694

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Wendi Wade McKenna		Date of Receipt MM / DD / YYYY 06 / 16 / 2009		
	Mailing Address 352 La Mesa Avenue		Transaction ID: 30315158		
	City Encinitas	State CA	Zip Code 92024-2505	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation PT		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Virgil Joe Michaelis		Date of Receipt MM / DD / YYYY 06 / 16 / 2009		
	Mailing Address 306 18th Street S		Transaction ID: 30315193		
	City Buffalo	State MN	Zip Code 55313-4483	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Excel Physical Therapy		Occupation PT		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Danielle Mosher		Date of Receipt MM / DD / YYYY 06 / 16 / 2009		
	Mailing Address PO Box 1059 20435 Washington St		Transaction ID: 30315215		
	City Onley	State VA	Zip Code 23418-1059	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mosher Physical Therapy		Occupation PT		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Darren Olson Marchant		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address 210 N Sandhill Rd Suite B		Transaction ID: 30315230		
	City Mesquite	State NV	Zip Code 89027-4789	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Virgin Valley PT	Occupation PT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Darin Patrick McCarthy		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address 176 Walker Street		Transaction ID: 30315236		
	City Lowell	State MA	Zip Code 01854-3126	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Therafit	Occupation PT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Arthur Clarence Bronsord		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address 16917 Kectoctin Church Road		Transaction ID: 30319292		
	City Purcellville	State VA	Zip Code 20132-3542	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer State of the Art Physical Therapy	Occupation PT	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Judith Hikes

Mailing Address 111 Rothsville Station Rd

City State Zip Code
Lititz PA 17543-8882

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

Name of Employer Occupation
BHB Rehab Services PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30319334

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 445 Park Avenue

City State Zip Code
Glencoe IL 60022-1527

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

Name of Employer Occupation
Sava Senior Care PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319379

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 201 B Erie Street

City State Zip Code
Grove City PA 16127-1659

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319380

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 78
(check only one)

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

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

A.

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

Mailing Address 6143 Whimbrelwood Dr

City State Zip Code
Lithia FL 33547-4101

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30319381

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1970 Pierce Street

City State Zip Code
Daniel Island SC 29492-7988

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

Name of Employer Occupation
MUSC PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30319382

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 151 W. Weisheimer Road

City State Zip Code
Columbus OH 43214-2532

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

Name of Employer Occupation
Freedom Home Health PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30319628

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dennis Spillane		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 5136 Mount Ararat Drive		Transaction ID: 30319629
	City State Zip Code San Diego CA 92111-3846	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Self-Employed Occupation PT	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Kathleen M Picard		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 2249 River Road South		Transaction ID: 30319636
	City State Zip Code Lakeland MN 55043-9775	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Big Stone Therapies Occupation PT	Aggregate Year-to-Date 370.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Ms. Sundi M. Hondl		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 5055 E. Fernwood Drive		Transaction ID: 30320031
	City State Zip Code Wasilla AK 99654-4421	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Excel Physical Therapy Ltd Occupation PT	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Ruben Salinas

Mailing Address 21540 E Yorba Linda Blvd Suite A

City State Zip Code
Yorba Linda CA 92887-3765

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

Name of Employer Occupation
Salinas Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320033

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 748 Lynwood Drive

City State Zip Code
Encinitas CA 92024-2389

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

Name of Employer Occupation
Gaspar Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320037

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Linda E Arslanian

Mailing Address 230 Bray St

City State Zip Code
Gloucester MA 01930-1551

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

Name of Employer Occupation
Health Partners PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320038

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patricia Young Naylor

Mailing Address 3535 Pierland Drive

City State Zip Code
Pocahontas IL 62275-1541

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

Name of Employer Occupation
Maryville University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2009

Transaction ID: 30320039

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 148 Cas-Hills Drive

City State Zip Code
Castle Hills TX 78213-3322

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

Name of Employer Occupation
Texas State University - San Marcos PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2009

Transaction ID: 30320041

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Moss Young

Mailing Address PO Box 987

City State Zip Code
Summersville WV 26651-0987

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

Name of Employer Occupation
Mountaineer Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2009

Transaction ID: 30320042

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 78
(check only one)

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

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

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

Mailing Address 124 Cherryfield Lane

City Savannah State GA Zip Code 31419-9095

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

Name of Employer Armstrong State University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30320045
 Amount of Each Receipt this Period 50.00

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

Mailing Address PO Box 160453

City Altamonte Springs State FL Zip Code 32716-0453

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

Name of Employer Florida Hospital Rehabilitation & Spor Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30320051
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory Kent Smith

Mailing Address 40220 Circle Hill Drive

City Murrieta State CA Zip Code 92562-5847

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

Name of Employer Rancho Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30320053
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah Lynn Lowe

Mailing Address 10 Chester Pl
Dept of PT

City State Zip Code
Los Angeles CA 90007-2518

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

Name of Employer Occupation
Mount St. Mary's College PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320055

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jeanine Marie Gunn

Mailing Address 6670 Loveland-Miamiville Rd

City State Zip Code
Loveland OH 45140-8732

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320056

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ira Gorman

Mailing Address 254 Mary Beth Road

City State Zip Code
Evergreen CO 80439-4312

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

Name of Employer Occupation
Regis University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320057

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City State Zip Code
Mount Pleasant SC 29464-9490

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

Name of Employer Occupation
MUSC PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320058

Amount of Each Receipt this Period
100.00

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

Mailing Address 1583 Calle Patricia Ste 200

City State Zip Code
Pacific Palisades CA 90272-1942

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

Name of Employer Occupation
Ultimate Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320059

Amount of Each Receipt this Period
50.00

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

Mailing Address 414 E Clark Street

City State Zip Code
Vermillion SD 57069-2307

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

Name of Employer Occupation
Univ of South Dakota PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320060

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms. Catherine E Patla

Mailing Address 19 Dolphin Drive

City State Zip Code
St Augustine FL 32080-4530

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

Name of Employer Occupation
St. Augustine University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320061

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 977 Giaroli Rd.

City State Zip Code
Memphis TN 38122-1934

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

Name of Employer Occupation
Methodist Health PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320062

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 62944 Sunset Drive

City State Zip Code
Nevada IA 50201-7947

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

Name of Employer Occupation
21st Century Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320068

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sandra M. Riegor

Mailing Address 230 W Seaview Drive

City State Zip Code
Duck Key FL 33050-3828

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30320072

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 800 W Compton Rd Ste 3

City State Zip Code
Cincinnati OH 45231-3846

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30320350

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 606 North Pines Road Ste 102

City State Zip Code
Spokane Valley WA 99206-6711

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

Name of Employer Inland PT And Sports Rehab Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30320354

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 / 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Zoe Fackelman		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 241 Parrish St Ste A		Transaction ID: 30320356
	City Canandaigua	State NY	Zip Code 14424-1727
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Lake Country Physical Therapy & Sports	Occupation PT	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. David Clyde Lower		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 1234 NW 14th Ave		Transaction ID: 30320358
	City Gainesville	State FL	Zip Code 32601-4042
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Gainesville PT & Rehab	Occupation PT	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Sandra Lee Norby		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 789 Holton Drive		Transaction ID: 30320359
	City Le Mars	State IA	Zip Code 51031-3757
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Le Mars Physical Therapy	Occupation PT	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 35 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jay H. Segal		Date of Receipt
	Mailing Address 1537 Bent River Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Birmingham	AL	35216-5394
	FEC ID number of contributing federal political committee. C		Transaction ID: 30320362
Name of Employer HPRC		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Paul J. Welk		Date of Receipt
	Mailing Address 278 Walnut Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Blawnox	PA	15238-3331
	FEC ID number of contributing federal political committee. C		Transaction ID: 30320364
Name of Employer Tucker Law		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Paul O. Kraushaar		Date of Receipt
	Mailing Address 1737 Arbor Oaks Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Muscatine	IA	52761-2623
	FEC ID number of contributing federal political committee. C		Transaction ID: 30320366
Name of Employer Muscatine Physical Therapy Services		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Virginia Norene Christensen

Mailing Address PO Box 11083

City State Zip Code
Jackson WY 83002-1083

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

Name of Employer Four Pines Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30320373

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kathleen Galica Devine

Mailing Address 4141 S Tamiami Trail

City State Zip Code
Sarasota FL 34231-3600

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30320375

Amount of Each Receipt this Period
250.00

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

Mailing Address 6670 Loveland-Miamiville Road

City State Zip Code
Loveland OH 45140-8732

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

Name of Employer Comprehensive Physical Therapy Center
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30320376

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 6453 Springwater Drive

City Columbus State GA Zip Code 31904-2982

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

Name of Employer HPRC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: 30320377
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Amanda Tieder Somers

Mailing Address PMB 207
1361-F W Wade Hampton Blvd

City Greer State SC Zip Code 29650-1146

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

Name of Employer Sports Spine & Industrial, Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: 30320378
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Nancy J. Roberge

Mailing Address 148 Linden Street Suite B-8

City Wellesley State MA Zip Code 02482-7905

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

Name of Employer Chestnut Hill PT Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: 30320386
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Bobbie Hurt

Mailing Address 1810 Tremont St

City Galveston State TX Zip Code 77550-7904

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 25 / 2009

Transaction ID: 30320389

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address PO Box 1192

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 25 / 2009

Transaction ID: 30320391

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dianne V. Jewell

Mailing Address 392 Lake Caroline Drive

City Ruther Glen State VA Zip Code 22546-5025

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

Name of Employer Virginia Commonwealth University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30365586

Amount of Each Receipt this Period 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 78
(check only one)

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

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

A.

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

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

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

Name of Employer American Physical Therapy Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
444.70

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30366416

Amount of Each Receipt this Period
38.47

B.

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

Mailing Address 4819 S 1st St

City State Zip Code
Arlington VA 22204-1315

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

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.21

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30367156

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Jay M. Goodfarb

Mailing Address 110 East San Miguel

City State Zip Code
Phoenix AZ 85012-1339

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

Name of Employer Corizona Services International
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30429656

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1076.94**

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 40 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Paul Ernst

Mailing Address 120 Breeze Way

City Boerne State TX Zip Code 78006-5008

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

Name of Employer UTHSCSA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429658
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 80 Jewett Lane

City Hollis State NH Zip Code 03049-6565

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

Name of Employer Concord Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429667
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 12961 Skyline Blvd

City Oakland State CA Zip Code 94619-3533

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

Name of Employer University of California-San Francisco Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429673
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Edie Knowlton Benner

Mailing Address PO Box 638

City Mantua State OH Zip Code 44255-0638

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

Name of Employer Self: Advanced Rehabilitation & Health Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429688
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. David Coleman Finch

Mailing Address 506 Willard Street

City Maryville State TN Zip Code 37803-3136

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

Name of Employer Appalachian Therapy Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429689
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 7010 Camp Creek Rd

City Manhattan State MT Zip Code 59741-8343

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: 30429690
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Colleen E. Chancler
Mailing Address 29 North Kirklyn Avenue
City State Zip Code
Upper Darby PA 19082-1027
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
University of Pennsylvania PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 18 / 2009
Transaction ID: 30429695
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Margaret Nonnemacher
Mailing Address 2446 NW 35th Terr
City State Zip Code
Gainesville FL 32605-2632
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
University of St. Augustine for Health PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 18 / 2009
Transaction ID: 30429708
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Diane Barrickman
Mailing Address 402 Vista De La Playa
City State Zip Code
Santa Barbara CA 93109-1701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Human Performance Center PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1095.00
Date of Receipt 06 / 18 / 2009
Transaction ID: 30429733
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 775.00
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 43 / 78
(check only one)

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

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

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

Mailing Address 3911 Murry Highlands Circle

City Murrysville State PA Zip Code 15668-1734

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

Name of Employer Centers for Rehab Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2605.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30429744
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
Susan M. Chalcraft

Mailing Address PO Box 546

City Kettle Falls State WA Zip Code 99141-0546

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

Name of Employer Mt. Carmel Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30429747
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
Marc John Suznovich

Mailing Address 444 Remsen Avenue

City New Brunswick State NJ Zip Code 08901-3149

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 30429748
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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 44 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Peter J McMenamin		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 130 N. Garland CT, APT 3805		Transaction ID: 30429750
	City Chicago	State IL	Zip Code 60602-4836
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
	Name of Employer Physical Therapy Chicago	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1077.00	

B.	Full Name (Last, First, Middle Initial) Stephen Tollefson		Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address 14511 183rd Avenue NE		Transaction ID: 30437251
	City Woodinville	State WA	Zip Code 98072-9377
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) Dr. Nancy B. Reese		Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address University of Central Arkansas 201 S Donaghey Avenue, PTC 303		Transaction ID: 30437252
	City Conway	State AR	Zip Code 72035-0001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer University of Central Arkansas	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	▶	462.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Wendy M Featherstone		Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address 156 Caversham Woods		Transaction ID: 30437258
	City Pittsford	State NY	Zip Code 14534-2844
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) Ms. Pamela A Duffy		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 28135 J Avenue		Transaction ID: 30437259
	City Adel	State IA	Zip Code 50003-4506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Wellmark BCBS	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Martha Ferretti		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address PO Box 26901		Transaction ID: 30437262
	City Oklahoma City	State OK	Zip Code 73190-0001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer OUHSC	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Martha Ferretti

Mailing Address PO Box 26901

City State Zip Code
Oklahoma City OK 73190-0001

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

Name of Employer Occupation
OUHSC PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30437263

Amount of Each Receipt this Period
105.00

B.

Full Name (Last, First, Middle Initial)
Scott Allen McCauley

Mailing Address 320 23rd Street S Apt 618

City State Zip Code
Arlington VA 22202-3755

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

Name of Employer Occupation
Physiotherapy Associates PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30437266

Amount of Each Receipt this Period
70.00

C.

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

Mailing Address 10556 Graybourne Dr

City State Zip Code
Eads TN 38028-9808

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

Name of Employer Occupation
U of Tennessee Health Science Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30437273

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David W. Perry

Mailing Address 2065 Van Antwerp

City State Zip Code
Grosse Pointe Wood MI 48236-1622

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

Name of Employer Occupation
Baker College of Allen Park PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30437348

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Roy Christopher Junkins

Mailing Address 319 Cooper Lane

City State Zip Code
Easley SC 29642-8211

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

Name of Employer Occupation
Self-Employed PTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30438564

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Karl Robert Gibson

Mailing Address 4275 Old New England Road

City State Zip Code
Allison Park PA 15101-1533

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30439406

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James J. Irgang	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 3471 Fifth Avenue Suite 911	Transaction ID: 30439452
	City Pittsburgh State PA Zip Code 15213-3232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pittsburgh, PT Dept Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kristin Von Nieda	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 3420 Warden Dr	Transaction ID: 30439463
	City Philadelphia State PA Zip Code 19129-1418	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Temple University Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Joan Purrington	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 8000 Hill Trail North	Transaction ID: 30439467
	City Lake Elmo State MN Zip Code 55042-9534	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northeast Metro Intermediate School Di Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carla Griffith		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 4422 B Catlin Circle		Transaction ID: 30439468
	City State Zip Code Carpinteria CA 93013-1636	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation SB Cottage Hospital PT	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Linda Diane Duke		Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address 4241 E Page Ave		Transaction ID: 30439475
	City State Zip Code Gilbert AZ 85234-0737	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation Banner Baywood Medical Center PT	Aggregate Year-to-Date 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) David Norris		Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address 10000 Fox Trace		Transaction ID: 30439477
	City State Zip Code Zionsville IN 46077-9790	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation Hancock Regional PT	Aggregate Year-to-Date 335.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Steven W. Forbush

Mailing Address 1530 Chinook

City State Zip Code
Conway AR 72034-8473

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

Name of Employer: Rehab Institute at Sherwood Plaza
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt: 06 / 13 / 2009
Transaction ID: 30439520
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Peter J McMenamin

Mailing Address 130 N. Garland CT, APT 3805

City State Zip Code
Chicago IL 60602-4836

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

Name of Employer: Physical Therapy Chicago
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 06 / 12 / 2009
Transaction ID: 30440521
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael James Emery

Mailing Address 808 E Broadway

City State Zip Code
Milford CT 06460-6214

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

Name of Employer: Sacred Heart University
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 12 / 2009
Transaction ID: 30446499
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Darlene Sekerak	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 3084 Colony Road Unit B	Transaction ID: 30446515
	City State Zip Code Durham NC 27705-5573	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNC-Chapel Hill PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Sheree Chapman York	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 313 Delcris Ct	Transaction ID: 30446516
	City State Zip Code Birmingham AL 35226-1978	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHSYS PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

C.	Full Name (Last, First, Middle Initial) David Norris	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 10000 Fox Trace	Transaction ID: 30446517
	City State Zip Code Zionsville IN 46077-9790	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hancock Regional PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)	735.00
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 52 / 78
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Michael Patrick Johnson

Mailing Address 514 General Lafayette Rd

City State Zip Code
Merion Station PA 19066

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

Name of Employer Occupation
Mercy Health PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446554

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 364 Private Road 8581

City State Zip Code
Winnsboro TX 75494-8092

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446602

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Margaret D. Soucek

Mailing Address 178 West Elm Avenue

City State Zip Code
Mantua NJ 08051-1510

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

Name of Employer Occupation
UM Hospital PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446694

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 53 / 78

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Paul A. Hildreth

Mailing Address 930 Marengo Street

City State Zip Code
New Orleans LA 70115-2753

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

Name of Employer Self-Employed Occupation
PT

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 30446746

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David W Qualls

Mailing Address 702 1st Ave

City State Zip Code
Sulphur LA 70663-3423

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

Name of Employer Self-Employed Occupation
PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 30446847

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Beth C. Marcoux

Mailing Address 18 Barnes Road

City State Zip Code
Stonington CT 06378-2202

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

Name of Employer Self-Employed Occupation
PT

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 30446933

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 78
(check only one)

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

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

A.

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

Mailing Address 15 Boatswain's Way

City State Zip Code
Chelsea MA 02150-4017

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

Name of Employer MGH Institute of Health Professions
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446935

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 49 Spring Street 3rd Floor

City State Zip Code
Scarborough ME 04074-8926

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446977

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 67 Wilcox Avenue

City State Zip Code
Meriden CT 06451-2038

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

Name of Employer Quinnipiac University
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30446987

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 78 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Parley Isaac Anderson</p> <p>Mailing Address 880 Broadway Blvd</p> <p>City Reno State NV Zip Code 89502-3045</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Soar Physical Therapy Occupation PT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: 30446991</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	9														
	250.00																						

<p>B. Full Name (Last, First, Middle Initial) Marc John Suznovich</p> <p>Mailing Address 444 Remsen Avenue</p> <p>City New Brunswick State NJ Zip Code 08901-3149</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation PT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: 30447100</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	9														
	250.00																						

<p>C. Full Name (Last, First, Middle Initial) Craig A. Moore</p> <p>Mailing Address PO Box 160453</p> <p>City Altamonte Springs State FL Zip Code 32716-0453</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Florida Hospital Rehabilitation & Spor Occupation PT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 277.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: 30447113</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">35.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9		35.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	9														
	35.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">535.00</td> </tr> </table>		535.00
	535.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 78
(check only one)

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

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

A.

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

Mailing Address 362 W Radcliffe Dr

City State Zip Code
Claremont CA 91711-2837

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30447170

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Kerry Royce Wood

Mailing Address 145 Birchwood Dr

City State Zip Code
Colchester VT 05446-6256

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30447470

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 383 Corbin Center Dr

City State Zip Code
Corbin KY 40701-1895

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

Name of Employer PT Pros Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30447481

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 57 / 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Judy A. Hawley		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 6185 26th Street North		Transaction ID: 30479012
	City Oakdale	State MN	Zip Code 55128-3503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Minnesota Chapter APTA	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00			

B.	Full Name (Last, First, Middle Initial) Mark Allen Anderson		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 1952 East 7000 South Suite 100		Transaction ID: 30479016
	City Salt Lake City	State UT	Zip Code 84121-6878
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) John D. Barnes		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 1005 Hardee Place		Transaction ID: 30483171
	City Alexandria	State VA	Zip Code 22304-1719
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
	Name of Employer American Physical Therapy Association	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 483.17			

SUBTOTAL of Receipts This Page (optional)	358.47
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Justin D Moore	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 4819 S 1st St	Transaction ID: 30483177
	City State Zip Code Arlington VA 22204-1315	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APTA PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.68	

B.	Full Name (Last, First, Middle Initial) Mr. Steve J Layer	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 520 Valley View Drive	Transaction ID: 30483222
	City State Zip Code Moline IL 61265-6152	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rock Valley Physical Therapy PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) William H. Born	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address N36W22615 Long Valley Road	Transaction ID: 30483227
	City State Zip Code Pewaukee WI 53072-4182	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HealthReach Rehabilitation Services PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2788.47
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 59 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Seykot
Mailing Address 2236 Sunrise Way
City Jamison State PA Zip Code 18929-1051
FEC ID number of contributing federal political committee. **C**
Name of Employer Cornerstone PT Assoc. Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 19 / 2009
Transaction ID: 30486233
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jerome Carl Malone
Mailing Address 1751 Probert Road
City Jackson State MI Zip Code 49203-5381
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Rehab Specialists Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 19 / 2009
Transaction ID: 30486239
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James Gregory Jennings
Mailing Address PO Box 44049
City Indianapolis State IN Zip Code 46244-0049
FEC ID number of contributing federal political committee. **C**
Name of Employer TX Team Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 19 / 2009
Transaction ID: 30486243
Amount of Each Receipt this Period 250.00

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 60 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Debra Rasansky		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 2 Bala Plaza Ste IL47		Transaction ID: 30486292		
	City Bala Cynwyd	State PA	Zip Code 19004-1510	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rasansky Physical Therapy	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Joan T Mackey		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 51 Shoreham Dr East		Transaction ID: 30486507		
	City Dix Hills	State NY	Zip Code 11746-6576	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Steven J. Roth		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 162 Whites Lane		Transaction ID: 30486548		
	City Wheeling	State WV	Zip Code 26003-1308	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 61 / 78

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Road

City State Zip Code
Purcellville VA 20132-3542

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

Name of Employer Occupation
State of the Art Physical Therapy PT

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

Date of Receipt

MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30495456

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jon T. Nordrum

Mailing Address 2505 Boulder Ridge Ln NW

City State Zip Code
Rochester MN 55901-2222

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

Name of Employer Occupation
Mayo Clinic PT

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

Date of Receipt

MM / DD / YYYY
06 / 04 / 2009

Transaction ID: 30495500

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lawrence W. Shephard

Mailing Address 441 March Ave Suite B

City State Zip Code
Healdsburg CA 95448-3363

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

Name of Employer Occupation
Healdsburg Physical Therapy PT

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

Date of Receipt

MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30495515

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 62 / 78	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Terence Carlisle Brown		Date of Receipt	
	Mailing Address 936 Walnut Road		M M / D D / Y Y Y Y 06 / 12 / 2009	
	City	State	Zip Code	Transaction ID: 30611323
	Frankfort	KY	40601-8629	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1035.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	49352.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 30256943 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Steven Guthrie	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 30256945 Date of Disbursement 06 / 16 / 2009
	Mailing Address P.O. Box 1776	Amount of Each Disbursement this Period 1000.00
	City Freedom State PA Zip Code 15042	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Jason Altmire	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress	Transaction ID: 30256948 Date of Disbursement 06 / 16 / 2009
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20003	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Allyson Schwartz	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Higgins For Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Brian M. Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30256954 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address 700 12th Street, NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Geoff Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30256958 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Richard Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30256995 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends Of Maurice Hinchey <hr/> Mailing Address PO Box 4497 <hr/> City Kingston State NY Zip Code 12402 Purpose of Disbursement <hr/> Candidate Name Mr. Maurice Hinchey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30256999 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress <hr/> Mailing Address P.O. Box 137 <hr/> City Spokane State WA Zip Code 99210 Purpose of Disbursement <hr/> Candidate Name Cathy McMorris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257002 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 Purpose of Disbursement <hr/> Candidate Name Mr. Gregory Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257006 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Jeff Miller For Congress <hr/> Mailing Address P. O. Box 126 <hr/> City Pensacola State FL Zip Code 32591 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Jeff B. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 01	Transaction ID: 30257009 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Treasure State PAC <hr/> Mailing Address 200 East Jefferson Street <hr/> City Falls Church State VA Zip Code 20046 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30257013 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">4000.00</div>
C.	Full Name (Last, First, Middle Initial) The Madison PAC <hr/> Mailing Address P.O. Box 15906 <hr/> City Chevy Chase State MD Zip Code 20825 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30257015 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">10000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) American Works Committee Mailing Address 607 14th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257016 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 4201 Northview Dr, Ste 307 City Bowie State MD Zip Code 20716 Purpose of Disbursement Candidate Name Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257017 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress Mailing Address P. O. Box 61886 City North Charleston State SC Zip Code 29419 Purpose of Disbursement Candidate Name Mr. Henry Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257019 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson <hr/> Mailing Address 198 Park Road <hr/> City Howard State PA Zip Code 16841 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Glenn Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257020 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Robert Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257022 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kirk For Congress <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Mark Kirk <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30257024 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Boswell For Congress <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement	Transaction ID: 30257025 Date of Disbursement 06 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00	
		Candidate Name Mr. Leonard Boswell Category/Type: 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Full Name (Last, First, Middle Initial) Simpson For Congress <hr/> Mailing Address 1487 Parkway Drive <hr/> City Blackfoot State ID Zip Code 83221 <hr/> Purpose of Disbursement
Candidate Name Mr. Michael Simpson Category/Type: 011	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Butterfield for Congress Committee <hr/> Mailing Address 800 W. Hines Street <hr/> City Wilson State NC Zip Code 27893 <hr/> Purpose of Disbursement	Transaction ID: 30257028 Date of Disbursement 06 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00	
		Candidate Name G. K. Butterfield Category/Type: 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Full Name (Last, First, Middle Initial) Butterfield for Congress Committee <hr/> Mailing Address 800 W. Hines Street <hr/> City Wilson State NC Zip Code 27893 <hr/> Purpose of Disbursement
Candidate Name G. K. Butterfield Category/Type: 011	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Stephanie Herseth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01</p>	<p>Transaction ID: 30257030 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Samuel Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 06</p>	<p>Transaction ID: 30257032 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 18</p>	<p>Transaction ID: 30257033 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22	Transaction ID: 30257042 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Ellsworth For Congress Committee <hr/> Mailing Address P.O. Box 62 <hr/> City Evansville State IN Zip Code 47701 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Brad Ellsworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 08	Transaction ID: 30257391 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Linc Pac <hr/> Mailing Address 301 4th Street, NE 2nd Floor <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30257711 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">8000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) CHC/BOLD PAC <hr/> Mailing Address 800 4th Street, SW Suite S 720 <hr/> City Washington State DC Zip Code 20024 <hr/> Purpose of Disbursement _____ Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258055 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009	Amount of Each Disbursement this Period _____ 2500.00
B.	Full Name (Last, First, Middle Initial) Sestak For Congress <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement _____ Candidate Name Rep. Joe Sestak <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258056 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009	Amount of Each Disbursement this Period _____ 2500.00
C.	Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis <hr/> Mailing Address 5956 W. Race Avenue <hr/> City Chicago State IL Zip Code 60644 <hr/> Purpose of Disbursement _____ Candidate Name Rep. Danny K. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258057 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009	Amount of Each Disbursement this Period _____ 1000.00

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Grassley Committee Inc		Transaction ID: 30258058	
	Mailing Address PO Box 1000		Date of Disbursement 06 / 16 / 2009	
	City Des Moines	State IA	Zip Code 50304	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Charles Grassley		Disbursement For: 2010		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District:				
B.	Full Name (Last, First, Middle Initial) Mccollum For Congress		Transaction ID: 30258059	
	Mailing Address P.O. Box 14131		Date of Disbursement 06 / 16 / 2009	
	City St. Paul	State MN	Zip Code 55114	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Betty McCollum		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 04				
C.	Full Name (Last, First, Middle Initial) Castor For Congress		Transaction ID: 30258060	
	Mailing Address 301 W. Platt Street #385		Date of Disbursement 06 / 16 / 2009	
	City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Kathy Castor		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 11				

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee Mailing Address Post Office Box 2145 City West Columbia State SC Zip Code 29171 Purpose of Disbursement 011 Candidate Name Rep. Joe Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 02	Transaction ID: 30258062 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Shelley Berkley for Congress Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121 Purpose of Disbursement 011 Candidate Name Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01	Transaction ID: 30258064 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay Suite 105 City Portland State OR Zip Code 97232 Purpose of Disbursement 011 Candidate Name Mr. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03	Transaction ID: 30258065 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan		Transaction ID: 30258066	
	Mailing Address PO Box 871		Date of Disbursement 06 / 16 / 2009	
	City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Byron Dorgan				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District:				
B.	Full Name (Last, First, Middle Initial) Welch For Congress		Transaction ID: 30258067	
	Mailing Address PO Box 1086		Date of Disbursement 06 / 16 / 2009	
	City Montpelier	State VT	Zip Code 05601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Peter Welch				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VT District: 01				
C.	Full Name (Last, First, Middle Initial) Souder For Congress Inc.		Transaction ID: 30258068	
	Mailing Address P.O. Box 40233		Date of Disbursement 06 / 16 / 2009	
	City Fort Wayne	State IN	Zip Code 46804	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Mark Souder				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 04				

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate <hr/> Mailing Address P.O. Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MD District: <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258069 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Dave Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IA District: 02 <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258071 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Gerlach for Congress <hr/> Mailing Address 700 12th Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name James Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: PA District: 06 <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30258073 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress	Transaction ID: 30258076 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 24551	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15234	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Tim Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress	Transaction ID: 30258077 Date of Disbursement 06 / 16 / 2009
	Mailing Address P.O. Box 819 PO Box 819	Amount of Each Disbursement this Period 1000.00
	City Amherst State MA Zip Code 01004	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. John Olver	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rangel For Congress	Transaction ID: 30276666 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 5577 Manhattanville Sta	Amount of Each Disbursement this Period 2500.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Charles Rangel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

