

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 1111 North Fairfax St.

Check if different than previously reported. (ACC)

Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00012880

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Moore, Justin, , Mr,

Type or Print Name of Treasurer

Signature of Treasurer *Moore, Justin, , Mr,* [Electronically Filed] Date 10 / 17 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		446509.08
(b) Cash on Hand at Beginning of Reporting Period.....	451453.83	
(c) Total Receipts (from Line 19)	45877.09	447522.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	497330.92	894031.11
7. Total Disbursements (from Line 31).....	127000.00	523700.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	370330.92	370330.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17617.52	207852.67
(ii) Unitemized	28188.15	238982.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45805.67	446835.20
(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)	45805.67	446835.20
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.).....	71.42	686.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45877.09	447522.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45877.09	447522.03

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127000.00	517010.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6690.19
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	127000.00	523700.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127000.00	523700.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45805.67	446835.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45805.67	446835.20
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 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Krause, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 W Penn Ave
 City Robesonia State PA Zip Code 19551-9550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Berks PT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2016
Transaction ID : 73274053
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lackey, Cassie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6037 Harris Pkwy
 City Fort Worth State TX Zip Code 76132-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SporTherapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2016
Transaction ID : 73274135
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Boissonnaut, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 N Alfred St
 City Alexandria State VA Zip Code 22314-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 918.39

Date of Receipt 09 / 01 / 2016
Transaction ID : 73422929
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Chesbro, Steven, Bryce, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 Dodson Ave
PO Box 839

City Saint Michaels State MD Zip Code 21663-2126

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

Name of Employer (for Individual) APTA Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.00

Date of Receipt
09 / 01 / 2016
Transaction ID : 73422931

Amount of Each Receipt this Period
42.00

Memo Item

B. Elliott, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16431 Regatta Lane

City Woodbridge State VA Zip Code 22191-6368

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt
09 / 01 / 2016
Transaction ID : 73422938

Amount of Each Receipt this Period
20.84

Memo Item

C. Elliott, Justin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Kalorama Road, NW
Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.44

Date of Receipt
09 / 01 / 2016
Transaction ID : 73422940

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elrod, Matt, Wayne, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4782 Farndon Ct

City Fairfax	State VA	Zip Code 22032-1913
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : 73422942

Amount of Each Receipt this Period
20.84

Memo Item

B. Frohlich, Mandy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1363 Emerald Street, NE

City Washington	State DC	Zip Code 20002-5431
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) Lobbyist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : 73422946

Amount of Each Receipt this Period
20.84

Memo Item

C. Smith, Heather, Lauren, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Quaker Hill Ct

City Alexandria	State VA	Zip Code 22314-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : 73422955

Amount of Each Receipt this Period
20.84

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matlack, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 01 / 2016
Transaction ID : 73422957
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Moore, Justin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 1st St S
 City Arlington State VA Zip Code 22204-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt 09 / 01 / 2016
Transaction ID : 73422958
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Pahmer, Allyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N Fairfax St
 City Alexandria State VA Zip Code 22314-1484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) CMPT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 01 / 2016
Transaction ID : 73422959
 Amount of Each Receipt this Period 20.84
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fibraio, Seth, Jason, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Gray Duster Cir
 City Biltmore Lake State NC Zip Code 28715-9534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 01 / 2016
Transaction ID : 73424650
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Riegor, Sandra, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 Coco Plum St
 City Marathon State FL Zip Code 33050-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 73424676
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Giffin, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8949 Wesley Pl
 City Knoxville State TN Zip Code 37922-5916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 73473728
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Boissonnault, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 N Alfred St
 City Alexandria State VA Zip Code 22314-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.06

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478509
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Chesbro, Steven, Bryce, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 Dodson Ave PO Box 839
 City Saint Michaels State MD Zip Code 21663-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 878.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478511
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Elliott, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16431 Regatta Lane
 City Woodbridge State VA Zip Code 22191-6368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478515
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. Elliott, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Kalorama Road, NW
 Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 354.28

Date of Receipt
 09 / 09 / 2016
Transaction ID : 73478516

Amount of Each Receipt this Period
 20.84

Memo Item

B. Elrod, Matt, Wayne, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4782 Farndon Ct

City Fairfax State VA Zip Code 22032-1913

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

Name of Employer (for Individual) APTA Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.12

Date of Receipt
 09 / 09 / 2016
Transaction ID : 73478518

Amount of Each Receipt this Period
 20.84

Memo Item

C. Evans, Wanda, Kim, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 34th St Se

City Washington State DC Zip Code 20020-2304

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

Name of Employer (for Individual) APTA Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 09 / 09 / 2016
Transaction ID : 73478519

Amount of Each Receipt this Period
 20.84

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frohlich, Mandy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1363 Emerald Street, NE
 City Washington State DC Zip Code 20002-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478521
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Smith, Heather, Lauren, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 Quaker Hill Ct
 City Alexandria State VA Zip Code 22314-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478528
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Matlack, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478535
 Amount of Each Receipt this Period 20.84
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Moore, Justin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 1st St S
 City Arlington State VA Zip Code 22204-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478595
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Pahmer, Allyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N Fairfax St
 City Alexandria State VA Zip Code 22314-1484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) CMPT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73478674
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Schoenewald, Wendy, W., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1537 Honeysuckle Cir
 City Jamison State PA Zip Code 18929-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WWS Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 73484344
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.51
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jonathan, Joanne, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15612 Count Viking Ct
 City Westfield State IN Zip Code 46074-7632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATI Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 73502151
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bronsord, Arthur, Clarence, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16917 Ketocin Church Rd
 City Purcellville State VA Zip Code 20132-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State of the Art Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510224
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Irrgang, James, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3471 5th Ave Ste 911
 City Pittsburgh State PA Zip Code 15213-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh, PT Dept Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510225
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. White, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5559 Bayberry Cv
 City Memphis State TN Zip Code 38120-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510231
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Altekruse, Gail, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8203 Ravinia Rd
 City Fort Wayne State IN Zip Code 46825-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Whitley Hospital Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510284
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Reese, Nancy, B., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 Chimney Rock St
 City Conway State AR Zip Code 72034-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Central Arkansas Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510286
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 17 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Klein, Aimee, B., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit 1603
 City Tampa State FL Zip Code 33602-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MGH Institute of Health Professions Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510287
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Rivard, Jim, Ronald, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1560 140th Ave Ne Ste 100
 City Bellevue State WA Zip Code 98005-4571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Manual Therapy International Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510288
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Harris, David, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5805 Muirfield Ln
 City Chattanooga State TN Zip Code 37416-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benchmark Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510289
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 333.34
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. White, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2816 Forestdale Ave
 City Knoxville State TN Zip Code 37917-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 73510290
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harms, Natalie, Sue, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 Montauk Dr
 City Papillion State NE Zip Code 68046-4487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creighton University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 73511504
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Baker, Joey, Lee, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5952 Waterloo Smith Church Rd
 City Leon State WV Zip Code 25123-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holzer Health System Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 73511509
 Amount of Each Receipt this Period 250.00
 Memo Item

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 19 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sahrman, Shirley, A., Prof,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1139 Ralph Ter

City Richmond Heights	State MO	Zip Code 63117-1528
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : 73511540

Amount of Each Receipt this Period
100.00

Memo Item

B. Kopet, Craig, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18229 Terrace Ct Sw

City Normandy Park	State WA	Zip Code 98166-3859
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Highline PT & Sports Clinic	Occupation (for Individual) PT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : 73696319

Amount of Each Receipt this Period
250.00

Memo Item

C. Slack, Anne, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1535 Raven Cir Unit B

City Estes Park	State CO	Zip Code 80517-9467
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mountaintop Physical Therapy, P.C.	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 73697322

Amount of Each Receipt this Period
500.00

Memo Item

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 20 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sanderson, Amy, Christiaens, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Wheaton St
 City Cheney State WA Zip Code 99004-2186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Apex Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 73697334
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bonaroti, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5594 Field Stream Dr
 City Export State PA Zip Code 15632-9219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSMC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 04 / 2016
Transaction ID : 73697338
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Nordstrom, Terrence, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3938 Forest Hill Ave
 City Oakland State CA Zip Code 94602-2416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Samuel Merritt College Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 05 / 2016
Transaction ID : 73697339
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 21 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Osborne, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 811
 City Lovington State NM Zip Code 88260-0811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 73697344
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bates, Michael, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Yellow Wood Way
 City Beckley State WV Zip Code 25801-7126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bodyworks Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 73697345
 Amount of Each Receipt this Period 36.50
 Memo Item

C. McMenamin, Peter, J., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 N Garland Ct Apt 3805
 City Chicago State IL Zip Code 60602-4836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 73697349
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	236.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. Matlack, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.12

Date of Receipt 09 / 09 / 2016
Transaction ID : 73697361
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Burcham, Tyler, Edgar, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 19th Ave N Ste K
 City Fargo State ND Zip Code 58102-2269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rehab Authority Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 73697391
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Klug, Jerry, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Eighty Oak St Sw
 City Jacksonville State AL Zip Code 36265-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL Physical Rehab Service Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704584
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	464.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hays, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1192
 321 W. Bruce St., Ste. B
 City Seymour State IN Zip Code 47274-3792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Progressive Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704585
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Zimmerman, Jeffrey, J., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3405 S 117th St
 City Omaha State NE Zip Code 68144-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialized Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704586
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kigin, Colleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Dale St
 City Swampscott State MA Zip Code 01907-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIMIT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704588
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Norby, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Katrina Street
 PO Box 627
 City Arnolds Park State IA Zip Code 51331-7751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Le Mars Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2285.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704589
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Abis, Susan, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Waterview Dr
 City Amherst State NH Zip Code 03031-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Align Networks Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704593
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Bagbey, Sean, Michale, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6010 Mayfield Ct
 City Newburgh State IN Zip Code 47630-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedis and Sports Medicine Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704594
 Amount of Each Receipt this Period 50.00
 Memo Item

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 25 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Parker-Guerrero, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Three Cross Dr
 City Roswell State NM Zip Code 88201-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704598
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Naulty, Margaret, Mary, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1622 W Sunnyside Ave
 City Chicago State IL Zip Code 60640-5908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center of Balance, PC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704599
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Menhard, Raymond, C., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Lilac Ln
 City Greenville State MS Zip Code 38701-7319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704601
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moore, Craig, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Florida Hospital Rehabilitation & Spor Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704604
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Black, Carl, Joseph, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 Nathan Hills Cir
 City Maryville State TN Zip Code 37801-8981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Appalachian Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704617
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Carrothers, LeeAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6730 Paula Pl
 City Anchorage State AK Zip Code 99507-6734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alaska, Anchorage Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704618
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Edwards, Dana, Marie, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Beech St

City Oakland	State NJ	Zip Code 07436-3928
-----------------	-------------	------------------------

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

Name of Employer (for Individual) West Milford PT	Occupation (for Individual) PT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704620

Amount of Each Receipt this Period
50.00

Memo Item

B. Saladin, Lisa, Kristine, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1325 Overcreek Ct

City Mount Pleasant	State SC	Zip Code 29464-9490
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704621

Amount of Each Receipt this Period
100.00

Memo Item

C. Arslanian, Linda, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 Bray St

City Gloucester	State MA	Zip Code 01930-1551
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704623

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Miller, Wesley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Hyannis Dr
 City Asheville State NC Zip Code 28804-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704626
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Larsen, Deborah, Sue, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5842 Chatterfield Dr
 City Dublin State OH Zip Code 43017-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State Univ SAMP Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704630
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Carter, Eileen, Rodri, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Runnymede Rd Nw
 City Wilson State NC Zip Code 27896-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 73704633
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. Angaran, Jeremy, Shane, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7176 Kamilo St

City Honolulu	State HI	Zip Code 96825-1622
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704635

Amount of Each Receipt this Period
100.00

Memo Item

B. Johnson, Andrea, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7520 Parktrace Ln Se

City Owens Cross Roads	State AL	Zip Code 35763-8812
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Nesin Physical Therapy	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704637

Amount of Each Receipt this Period
50.00

Memo Item

C. Peret, Richard, T., Mr, Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 Poplar Ave

City Annapolis	State MD	Zip Code 21401-3341
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tidewater Physical Therapy	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 73704639

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. von Nieda, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 Warden Dr
 City Philadelphia State PA Zip Code 19129-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : 73704658
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Soucek, Margaret, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 W Elm Ave
 City Mantua State NJ Zip Code 08051-1510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UM Hospital Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2016
Transaction ID : 73704660
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Laplaca, Daniel, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Shuford Rd
 City Columbus State NC Zip Code 28722-7406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pro Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : 73709952
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anderson, Bruce, John, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7520 NW 12th St

City Plantation	State FL	Zip Code 33313-5922
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rehab Consulting	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2016

Transaction ID : 73710043

Amount of Each Receipt this Period
100.00

Memo Item

B. Boissonnault, William, G., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 N Alfred St

City Alexandria	State VA	Zip Code 22314-1956
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1001.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : 73713883

Amount of Each Receipt this Period
41.67

Memo Item

C. Chesbro, Steven, Bryce, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 Dodson Ave
PO Box 839

City Saint Michaels	State MD	Zip Code 21663-2126
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : 73713886

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elliott, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16431 Regatta Lane
 City Woodbridge State VA Zip Code 22191-6368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 27 / 2016
Transaction ID : 73713900
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Elliott, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Kalorama Road, NW Suite 214
 City Washington State DC Zip Code 20009-3507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 27 / 2016
Transaction ID : 73713938
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Elrod, Matt, Wayne, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4782 Farndon Ct
 City Fairfax State VA Zip Code 22032-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 27 / 2016
Transaction ID : 73713945
 Amount of Each Receipt this Period 20.84
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Evans, Wanda, Kim, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 34th St Se

City Washington	State DC	Zip Code 20020-2304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : 73713946

Amount of Each Receipt this Period
20.84

Memo Item

B. Frohlich, Mandy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1363 Emerald Street, NE

City Washington	State DC	Zip Code 20002-5431
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) Lobbyist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : 73713983

Amount of Each Receipt this Period
20.84

Memo Item

C. Smith, Heather, Lauren, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Quaker Hill Ct

City Alexandria	State VA	Zip Code 22314-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
395.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : 73713997

Amount of Each Receipt this Period
20.84

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matlack, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.96

Date of Receipt
 09 / 27 / 2016
Transaction ID : 73714045
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Moore, Justin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 1st St S
 City Arlington State VA Zip Code 22204-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.06

Date of Receipt
 09 / 27 / 2016
Transaction ID : 73714046
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Pahmer, Allyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N Fairfax St
 City Alexandria State VA Zip Code 22314-1484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) CMPT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt
 09 / 27 / 2016
Transaction ID : 73714048
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Whitney, Susan, L., Dr,			Date of Receipt MM / DD / YYYY 09 / 28 / 2016 Transaction ID : 73723523		
Mailing Address Physical Therapy Depart 2622 Syracuse Ct			Amount of Each Receipt this Period 500.00		
City Sewickley	State PA	Zip Code 15143-6521	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) University of Pittsburgh		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Euype, Ervin, Scott, Dr,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : 73866633		
Mailing Address 1454 Rosewood Ave			Amount of Each Receipt this Period 50.00		
City Lakewood	State OH	Zip Code 44107-3734	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 425.00		
Name of Employer (for Individual) Cleveland Clinic		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tantra, Zubin, Sam, Mr,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : 73866634		
Mailing Address 2426 R. F. D.			Amount of Each Receipt this Period 41.67		
City Long Grove	State IL	Zip Code 60047-8306	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 258.35		
Name of Employer (for Individual) Lake County Physical Therapy		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	591.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harms, Susan, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3650 Everett Dr
 City Manhattan State KS Zip Code 66503-8131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 73866635
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hamilton, Jeffrey, Thomas, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8412 Mahan Dr
 City Tallahassee State FL Zip Code 32309-9686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 73866636
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Zitterkopf, Gail, Heather, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5407 Feagan St Unit A
 City Houston State TX Zip Code 77007-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carefree Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2016
Transaction ID : 74016699
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Burnett, Paula, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7716 Rabbit Rdg
 City Jefferson City State MO Zip Code 65109-3264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CRMC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74016702
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Mathis, Edward, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N16564 Vinger Ln
 City Pembine State WI Zip Code 54156-9359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCHS Rehab Services Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 74040630
 Amount of Each Receipt this Period 45.00
 Memo Item

c. Hartley, Gregory, Warren, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Ne 90th St
 City El Portal State FL Zip Code 33138-3146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villa Maria Nursing & Rehab Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 74040944
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pacho, Lauren, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4840 Nw 46th Pl Apt 107

City Gainesville	State FL	Zip Code 32606-7632
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UF Health Shands Rehab Hospital	Occupation (for Individual) PT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 74042150

Amount of Each Receipt this Period
20.00

Memo Item

B. Buenaventura, James, Jose, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2030 S Cabrillo Ave Unit 207

City San Pedro	State CA	Zip Code 90731-5364
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
885.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 74042163

Amount of Each Receipt this Period
500.00

Memo Item

C. Lucas, Kendra, Jackalyn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3043 Fountain Cir Apt H

City Dayton	State OH	Zip Code 45420-3876
----------------	-------------	------------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : 74042232

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4482 Liam Dr

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

Name of Employer (for Individual) Mustang Public Schools	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
995.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : 74042238

Amount of Each Receipt this Period
200.00

Memo Item

B. Euype, Ervin, Scott, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1454 Rosewood Ave

City Lakewood	State OH	Zip Code 44107-3734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : 74042317

Amount of Each Receipt this Period
20.00

Memo Item

C. Connolly, Barbara, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 477 Spoonbill Ln

City Melbourne Beach	State FL	Zip Code 32951-3269
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : 74042816

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 32097 Teasel Ct

City Avon Lake	State OH	Zip Code 44012-2739
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : 74042818

Amount of Each Receipt this Period
50.00

Memo Item

B. Novasic, Chad, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1823 Landre Ct

City Burlington	State WI	Zip Code 53105-7603
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) P.T. Plus	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : 74042824

Amount of Each Receipt this Period
250.00

Memo Item

C. Berglund, Jessica, Lynn, Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8209 Hillside Dr

City Eden Prairie	State MN	Zip Code 55347-1535
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Live Your Life	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : 74042827

Amount of Each Receipt this Period
50.00

Memo Item

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 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brick, Patricia, D., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7060 English Creek Ave

City Egg Harbor Township	State NJ	Zip Code 08234-7251
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : 74042829

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2388 W Cogburn St

City Meridian	State ID	Zip Code 83642-7174
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : 74042830

Amount of Each Receipt this Period
100.00

Memo Item

C. Buenaventura, James, Jose, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2030 S Cabrillo Ave Unit 207

City San Pedro	State CA	Zip Code 90731-5364
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : 74042831

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gorman, Ira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Mary Beth Rd
 City Evergreen State CO Zip Code 80439-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regis University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042833
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Luedtke-Hoffmann, Kathleen, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 West Street, South 3rd Floor
 City Alexandria State VA Zip Code 22314-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Women's University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042835
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McDavitt, Stephen, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Bentridge Rd
 City Falmouth State ME Zip Code 04105-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042837
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Allred, Margaret, Ingels, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016		
Mailing Address 33712 Calle Miramar			Transaction ID : 74042838		
City San Juan Capistrano	State CA	Zip Code 92675-4926	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) PT	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Paul, D., Mr,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016		
Mailing Address 910 E Ridgecrest Dr			Transaction ID : 74042840		
City Fresno	State CA	Zip Code 93730-0615	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Community Regional Medical Ctr, Fresno		Occupation (for Individual) PT	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tarro, Cathleen, M., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016		
Mailing Address 8301 44th St W			Transaction ID : 74042841		
City University Place	State WA	Zip Code 98466-2305	Amount of Each Receipt this Period 43.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) PTA	Aggregate Year-to-Date ▼ 387.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....	193.00
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 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Tilley, Victoria, S T, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 Bartlett Cir
 City Hillsborough State NC Zip Code 27278-6921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042843
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Ryan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E 69th St Apt 3b
 City New York State NY Zip Code 10021-5506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPA Manhattan Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042844
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lee, Amy, Elizabeth, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 S 29th St
 City Chickasha State OK Zip Code 73018-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Central Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 74042845
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Clynch, Holly, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18220 Ginavale Ln

City Eden Prairie	State MN	Zip Code 55346-2107
----------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Catherine University	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 74042848

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1010 17th Ave S

City Brookings	State SD	Zip Code 57006-4099
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Area Technical Institute	Occupation (for Individual) PTA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
683.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 74042851

Amount of Each Receipt this Period
100.00

Memo Item

C. Spillane, Dennis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5136 Mount Ararat Dr

City San Diego	State CA	Zip Code 92111-3846
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 74042853

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sanders, Jason, Scott, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3069 Tierra Mesa

City Atascadero	State CA	Zip Code 93422-1569
--------------------	-------------	------------------------

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

Name of Employer (for Individual) San Luis Sports Therapy & Orthopedic R	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : 74042854

Amount of Each Receipt this Period
100.00

Memo Item

B. Jobs, Mary Pat, Corrigan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 977 Giaroli St

City Memphis	State TN	Zip Code 38122-1934
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 74042856

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 822 Cartier Ln

City Little Rock	State AR	Zip Code 72211-5509
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Central Arkansas	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

Transaction ID : 74042860

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schell, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Nicklaus Ct
 City Grove City State PA Zip Code 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2470.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 74042862
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Gilbert, Jeanne, Marie, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Tuckers Run
 City Ledyard State CT Zip Code 06339-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74042864
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fantazzi, Frank, C., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 Lincrest Dr
 City Brookfield State WI Zip Code 53045-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PT Plus Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74042865
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John, Linda, Diane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Public Schools Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74042867
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Thompson, Anne, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Cherryfield Ln
 City Savannah State GA Zip Code 31419-9095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Armstrong State University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74042868
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Gulbrandson, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 High Rd
 City Cary State IL Zip Code 60013-2630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cary Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 27 / 2016
Transaction ID : 74042869
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DeStefano, Secili, Hurley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43217 Lindsay Marie Dr
 City Ashburn State VA Zip Code 20147-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 27 / 2016
Transaction ID : 74042870
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stenslie, Kathryn, B., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 River Rd
 City Columbus State GA Zip Code 31904-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PT Pros Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 74042886
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Thompson, Jean, Ruth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75-165 Hualalai Rd
 City Kailua Kona State HI Zip Code 96740-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Rehab Services Inc Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 74042887
 Amount of Each Receipt this Period 100.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Moncada, Jose, Mario, Dr, Jr		Date of Receipt MM / DD / YYYY 09 / 17 / 2016 Transaction ID : 74042904
Mailing Address 1930 Ocean Ave. Apt. 103		Amount of Each Receipt this Period 50.00
City Santa Monica	State CA	Zip Code 90405-1040
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chase, Christine, , ,		Date of Receipt MM / DD / YYYY 09 / 23 / 2016 Transaction ID : 74053032
Mailing Address 7754 Mulberry Ln		Amount of Each Receipt this Period 500.00
City Naples	State FL	Zip Code 34114-9443
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Naples Community Healthcare System	Occupation (for Individual) PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Darnell, Michael, Woodrow, Mr,		Date of Receipt MM / DD / YYYY 09 / 21 / 2016 Transaction ID : 74053036
Mailing Address 411 Lake Shore Dr		Amount of Each Receipt this Period 250.00
City Morganton	State GA	Zip Code 30560-3559
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) North Georgia Physical Therapy	Occupation (for Individual) 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).....	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: (check only one)	PAGE 51 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eschman, Joseph, M., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4998 Ridge Rd
 City Cortland State OH Zip Code 44410-9729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eschman Physical Therapy, LLC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 74053043
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Johnson, Julie, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2427 E Miller St
 City Seattle State WA Zip Code 98112-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Orthopedic & Sports PT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 74053063
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lee, James, T., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wilhite Dr
 City Wadsworth State OH Zip Code 44281-9264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summa Rehab Hospital Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 74053073
 Amount of Each Receipt this Period 500.00
 Memo Item

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 52 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ling, Allen, Louis, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 Bonnie Drive

City El Cerrito	State CA	Zip Code 94530-3322
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Physical Therapy Innovations	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : 74053076

Amount of Each Receipt this Period
500.00

Memo Item

B. Manzo, Michael, Charles, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Paragon Way Ste 250

City Freehold	State NJ	Zip Code 07728-9575
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : 74053079

Amount of Each Receipt this Period
250.00

Memo Item

C. Panetta, Christina, M., Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Canterbury Ct

City Oakdale	State NY	Zip Code 11769-2264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Panetta Physical Therapy	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : 74053100

Amount of Each Receipt this Period
250.00

Memo Item

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 53 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Taylor, Joan-Alice, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 372 Willard Ave

City Newington	State CT	Zip Code 06111-2319
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 74053134

Amount of Each Receipt this Period
500.00

Memo Item

B. Todd, Brent, Ryun, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4807 Webster St

City Omaha	State NE	Zip Code 68132-2423
---------------	-------------	------------------------

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

Name of Employer (for Individual) Excel Physical Therapy	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : 74053136

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	17617.52

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 76
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. SunTrust Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Old Town Branch
King Street

City Alexandria State VA Zip Code 22314

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
584.49

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016

Transaction ID : 74054264

Amount of Each Receipt this Period
58.09

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.09
TOTAL This Period (last page this line number only).....	58.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Portman, Rob, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00458463

Transaction ID : 73433051

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00372532

Transaction ID : 73433141

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carbajal, Salud, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00576041

Transaction ID : 73433355

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fund for America's Future

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address 900 2nd Street, NE
Suite 114

City Washington State DC Zip Code 20002

FEC Identification Number

C C00388934

Transaction ID : 73704422

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Fund for America's Future

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

FEC Identification Number

C C00384693

Transaction ID : 73704423

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Isakson, Johnny, , Sen.,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District:

Full Name (Last, First, Middle Initial)

C. Ralph Abraham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

FEC Identification Number

C C00563940

Transaction ID : 73704424

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Abraham, Ralph, , Rep., MD

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 05

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marshall, Roger, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

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

FEC Identification Number

C C00576173

Transaction ID : 73704427

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Comstock For Congress

Mailing Address PO Box 831

City
Mc Lean

State
VA

Zip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Comstock, Barbara, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

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

FEC Identification Number

C C00554261

Transaction ID : 73704428

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress

Mailing Address PO Box 2145

City
West Columbia

State
SC

Zip Code
29171

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wilson, Joe, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

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

FEC Identification Number

C C00368522

Transaction ID : 73704429

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jenkins, Lynn, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00433730

Transaction ID : 73704431

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 901 Se Oak Street
Suite 105

City
Portland

State
OR

Zip Code
97214

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blumenauer, Earl, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00307314

Transaction ID : 73704433

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Loretta Sanchez For Senate

Mailing Address PO Box 6037

City
Santa Ana

State
CA

Zip Code
92706

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sanchez, Loretta, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00578344

Transaction ID : 73704434

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/Type

Candidate Name
Dent, Charlie, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C []

Transaction ID : 73704435

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. John S. Fund

Mailing Address P.O. Box 853

City Edwardsville State IL Zip Code 62025-0853

Purpose of Disbursement

011

Category/Type

Candidate Name
John S. Fund

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00390831

Transaction ID : 73704437

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kirkpatrick For Senate

Mailing Address PO Box 34421

City Phoenix State AZ Zip Code 85067

Purpose of Disbursement

011

Category/Type

Candidate Name
Kirkpatrick, Ann, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00578484

Transaction ID : 73704438

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

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

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

[] 9000.00

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grisham Michelle, Lujan, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00501254

Transaction ID : 73704439

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Turquoise PAC

Mailing Address 1050 17th Street, NW Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Turquoise PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00517235

Transaction ID : 73704440

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pearce, Stevan, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NM District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00463836

Transaction ID : 73704441

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Levin, Sander, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00156612

Transaction ID : 73704444

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Filemon Vela For Congress

Mailing Address 10715 Gulfdale St
Ste 235

City
San Antonio

State
TX

Zip Code
78216

Purpose of Disbursement

011

Category/
Type

Candidate Name

Vela, Filemon, , Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 34

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00513531

Transaction ID : 73704446

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Noem, Kristi, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00476853

Transaction ID : 73704449

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address PO Box 1632

City
Beaverton

State
OR

Zip Code
97075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bonamici, Suzanne, , Ms.

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: OR

District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00500421

Transaction ID : 73704452

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bilirakis For Congress

Mailing Address 731 Tessier Dr

City
Tarpon Springs

State
FL

Zip Code
34689

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Michael, , Mr.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: FL

District: 09

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00153213

Transaction ID : 73704456

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: KY

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00445023

Transaction ID : 73704458

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Murphy For Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murphy, Tim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00372201

Transaction ID : 73704459

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blackburn, Marsha, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00376939

Transaction ID : 73704460

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City
Christiansburg

State
VA

Zip Code
24068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Griffith, Morgan, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00477240

Transaction ID : 73704462

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brad Ashford For Congress

Mailing Address PO Box 24023

City
Omaha

State
NE

Zip Code
68124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ashford, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00557181

Transaction ID : 73704464

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Walz For Us Congress

Mailing Address P.O. Box 938

City
Mankato

State
MN

Zip Code
56002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walz, Timothy, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00409409

Transaction ID : 73704465

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 75357

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peters, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00503110

Transaction ID : 73704466

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Category/
Type

Candidate Name

Coffman, Michael, , Mr.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00497180

Transaction ID : 73704467

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Degette, Diana, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00311639

Transaction ID : 73704469

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Adam Smith For Congress Committee

Mailing Address PO Box 578

City Renton State WA Zip Code 98057

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, D Adam, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00304709

Transaction ID : 73704470

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Boozman For Arkansas

Mailing Address PO Box 671

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: AR

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00476317

Transaction ID : 73704471

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 906

City
Marietta

State
OH

Zip Code
45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: OH

District: 06

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00476820

Transaction ID : 73704472

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bennet, Michael, F., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CO

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00458398

Transaction ID : 73704474

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00333427

Transaction ID : 73704477

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , , Jr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00226928

Transaction ID : 73704480

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck Congress

Mailing Address PO Box 750114

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heck, Joe, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00468421

Transaction ID : 73704481

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Scott For Congress

Mailing Address P.O. Box 960821

City
Riverdale

State
GA

Zip Code
30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, David, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: GA

District: 13

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C00369801

Transaction ID : 73704486

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Next Century Fund

Mailing Address 116 S. Royal Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Next Century Fund

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C00343947

Transaction ID : 73704490

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy PAC

Mailing Address 824 S. Milledge Avenue
Suite 201

City
Athens

State
GA

Zip Code
30605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buddy PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C00597062

Transaction ID : 73704493

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Majority Committee

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/Type

Candidate Name

Majority Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00428052

Transaction ID : 73704496

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 1701 River Run Ste 1010

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement

011

Category/Type

Candidate Name

Granger, Kay, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 12

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00310532

Transaction ID : 73704498

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/Type

Candidate Name

Thompson, C Michael, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00326363

Transaction ID : 73704500

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City
Seattle

State
WA

Zip Code
98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murray, Patty, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: WA

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00257642

Transaction ID : 73704501

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Hollen For Senate

Mailing Address 10605 Concord St Suite 202

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Hollen, Chris, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: MD

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00573758

Transaction ID : 73704502

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City
Pearl

State
MS

Zip Code
39288

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harper, Gregg, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: MS

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00441295

Transaction ID : 73704504

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Honda For Congress

Mailing Address C/O Contribution Solutions, Llc
123 E. San Carlos Street, #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Honda, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00351379

Transaction ID : 73704506

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mcsally For Congress

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement

011

Category/
Type

Candidate Name

McSally, Martha, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00512236

Transaction ID : 73704507

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nolan For Congress Volunteer Committee

Mailing Address PO Box 1041

City Brainerd State MN Zip Code 56401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nolan, Richard, Michael, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00499053

Transaction ID : 73704508

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dold For Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

Category/
Type

Candidate Name

Dold, Bob, James, Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IL District: 10

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73704509

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Blaine For Congress

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement

Category/
Type

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: MO District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73704511

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063

Purpose of Disbursement

Category/
Type

Candidate Name

Meehan, Patrick, , ,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: PA District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 73704513

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City
Visalia

State
CA

Zip Code
93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nunes, Devin, G., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CA

District: 22

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00370056

Transaction ID : 73704514

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Lamar Smith

Mailing Address PO Box 6155

City
San Antonio

State
TX

Zip Code
78209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Lamar, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: TX

District: 21

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00197160

Transaction ID : 73704515

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Votetipton.Com

Mailing Address PO Box 1582

City
Cortez

State
CO

Zip Code
81321

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tipton, Scott, R., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CO

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00470757

Transaction ID : 73704517

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Valadao For Congress

Mailing Address 5132 N Palm Ave #227

City Fresno State CA Zip Code 93704

Purpose of Disbursement

011

Category/
Type

Candidate Name

Valadao, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00499392

Transaction ID : 73704518

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walberg, Timothy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00390724

Transaction ID : 73704520

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thune, John, R., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00409581

Transaction ID : 73704523

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address P.O. Box 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00415208

Transaction ID : 73704525

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rand Paul For Us Senate

Mailing Address 1019 State Street

City
Bowling Green

State
KY

Zip Code
42101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul, Rand, , Mr.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: KY

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00462069

Transaction ID : 73704527

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Young For Iowa, Inc.

Mailing Address PO Box 162

City
Van Meter

State
IA

Zip Code
50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, David, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IA

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C C00545616

Transaction ID : 73704531

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Costello, Ryan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C C00554899

Transaction ID : 73704533

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Mast For Congress

Mailing Address 2600 S Douglas Rd Ste 900

City
Coral Gables

State
FL

Zip Code
33134

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C C00579896

Transaction ID : 73704535

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

6000.00

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

127000.00
