

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Plummer For Congress

Mailing Address PO Box 1272

City O'Fallon State IL Zip Code 62269

Purpose of Disbursement

011

Candidate Name

Mr. Jason Plummer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : 48056239

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Candidate Name

Charlie Dent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : 48056243

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Candidate Name

Mr. Adam Schiff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : 48056246

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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