PTPAC, the Political Action Committee of the American Physical Therapy Association
Disbursement Request Form

APTA member name: ________________________________________________________________

Date of request: ________________________________________________________________

Recommendation Ror: ____________________________________________________________

Candidate: ______________________________________________________________________

Office and state: __________________________________________________________________

Amount requested: __________________________________________________________________

Event and date: _____________________________________________________________________

Race Information: __________________________________________________________________

Candidate status: Incumbent # of terms

Challenger Current office

Open seat

Likely opponent: ________________ ________________

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Record of Support for Physical Therapy and Health Care Issues

Current cosponsor of federal legislation:

________________________________________________________________________

________________________________________________________________________

Current support of federal, state, or local issues:

________________________________________________________________________

________________________________________________________________________

Send this form to: Director, Congressional Affairs michaelmatlack@apta.org
703-706-3163

Office use only: Approved: ______ Yes ______ No

Check Issued: ____________________________________________________________________

________________________________________________________________________

Check mailed: To:

Last Updated: 11/23/2020
Contact: michaelmatlack@apta.org