

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



APTA member name: _____

Date of request: _____

Recommendation For: _____

Candidate: _____

Office and state: _____

Amount requested: _____

Event and date: _____

Race Information: _____

Candidate status:

Incumbent

of terms

Challenger

Current office

Open seat

Likely opponent: _____

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