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02 MAR -5

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Private Practice Section, APTA			
2. Address <input type="checkbox"/> Check if different than previously reported 1710 Rhode Island Avenue			
3. Principal Place of Business (if different from line 2) City: Washington, DC State/Zip (or Country) 20036			
4. Contact Name Kathlene Deck	Telephone (202) 457-1115	E-mail (optional) kdeck@ppsapta.org	5. Senate ID # 600
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35-

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____

Printed Name and Title Nathlene Veck, Vice President

LD-2 (REV. 6/98)

Registrant Name Private Practice Section, APTA Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code SPO (one per page)

16. Specific lobbying issues

Legislation affecting private practicing physical therapists in small businesses. Issues that affect the operation of small businesses, tax laws, etc.

17. House(s) of Congress and Federal agencies contacted Check if None

Senate, House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathlene Deck	
John Hendrickson	
Joanne Dunne	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Kathlene Deck* Date 2/7/12

Printed Name and Title Kathlene Deck, Vice President

Registrant Name Private Practice Section, APTA Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Patient's Bill of Rights in conference relating to the liability provisions, Medicare reform in the area of provider compliance, Direct Access to physical therapys services, an alternative payment system to the \$1,500 cap, Stark II regulations, HIPAA regulations.

17. House(s) of Congress and Federal agencies contacted Check if None

Senate, House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathlene Deck	
John Hendrickson	
Joanne Dunne	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Kathlene Deck* Date 2/7/12

Printed Name and Title Kathlene Deck, Vice President

Registrant Name Private Practice Section, APTA Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Lisa Marie Brody

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization

Signature



Date

2/7/12

Printed Name and Title Kathlene Dech, Vice President

Form LD-2 (Rev. 6/98)

Pag