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SECRETARY OF THE SENATE  
06 FEB 17 AM 10:04

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515  
Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

# LOBBYING REPORT

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

1. Registrant name  
Organization **Private Practice Section of the American Physical Therapy As**

2. Address  Check if different than previously reported  
Address 1 **1055 North Fairfax St, Ste 100**  
City **Alexandria** State **VA** Zip Code **22314** Country **USA**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
State/Zip or Country

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
**MS. Monica Baroody 703-299-2410 monicabarood@apta.org**

5. Senate ID # **60014-12**

7. Client Name  Self  
**Private Practice Section of the American Physical Therapy As**

6. House ID # **3535700**

**TYPE OF REPORT** 8. Year **2005** Midyear (January 1-June 30)  OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report   
10. Check if this is a Termination Report  ⇒ Termination Date **07/01/2005** 11. No Lobbying Acti

## 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:	EXPENSES relating to lobbying activities for this reporting were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____
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 exp accounting method. See instructions for description of opti
	<input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions o
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8 Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code

Form

*Monica Baroody*

Printed Name and Title **Monica Baroody, Executive Director**

0000082847



Registrant Name Private Practice Section of the American Physical Therapy As

Client Name Private Practice Section of the American Physical Therapy As

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

15. General issue area code  (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue* >

[Redacted area for specific lobbying issues]

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

[Redacted area for House(s) of Congress and Federal agencies contacted]

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	

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

[Redacted area for interest of each foreign entity]

*Add a page for a different issue area*

Printed Name and Title Monica Baroody, Executive Director

0000082848



Registrant Name Private Practice Section of the American Physical Therapy As

Client Name Private Practice Section of the American Physical Therapy As

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

**20. Client new address**

Address				
City	State	Zip Code	Country	

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

City	State	Zip Code	Country
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**22. New general description of client's business or activities**

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**LOBBYIST UPDATE**

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

	First Name	Last Name	Suffix		First Name	Last Name	Suff
1				3			
2				4			

**ISSUE UPDATE**

**24. General lobbying issues that no longer pertain**

Find the code to select below.

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**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1	2	3
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**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	Owr perc elier
	Street Address City State/Province Country	City State Country		

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

1	3	5
2	4	6

Add a page for more i

Printed Name and Title Monica Barody, Executive Director

1000082849



*APS*

 **APTA**

RECEIVED: American Physical Therapy Association  
SECRETARY OF THE SENATE

1055 N Fairfax St, Alexandria VA 22314 Tel: (703) 299-2410 Toll Free: (800) 517-1167 Fax: (703) 299-2410

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## MEMORANDUM

**TO:** Secretary of the Senate  
Office of Public Records

**FROM:** Monica Baroody

**DATE:** December 31, 2005

**SUBJECT:** Lobbying Report for Private Practice Section

Attached please find a copy of the final lobbying report for the Private Practice Section of the American Physical Therapy Association. If you have any questions, please contact me at 703/299-2410 or at [monicabarood@apta.org](mailto:monicabarood@apta.org).

Thank you for your help.

0000082850

