

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
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 SECRETARY  
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# LOBBYING REPORT

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

1. Registrant Name Private Practice Section of the American Physical Therapy Association			
2. Address: <input checked="" type="checkbox"/> Check if different than previously reported 1055 N. Fairfax Street, Suite 100 ; Alexandria, VA 22314			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Joanne Dunne	Telephone (703) 299-2410	E-mail (optional) bgwinn@ppsapta.org	5. Senate ID # 60014-12
7. Client Name Self	<input checked="" type="checkbox"/> Self		6. House ID # 35357000

**TYPE OF REPORT** 8. Year 2003 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 \_\_\_\_\_ 11. No Lobbying /

INCOME OR EXPENSES Complete Either Line 12 OR Line 13	
<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expert accounting method. See instructions for description of options</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) Internal Revenue Code</p>

*[Handwritten signatures]*

Signature  Date 08-05-03

Printed Name and Title Joanne Dunne, Executive Director

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Registrant Name Section of the American Physical Ther Client Name Self

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR (one per page)

16. Specific lobbying issues

\$1500 Medicare Outpatient Physical Therapy Cap  
Medicare Direct Access to Physical Therapy Services


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

Senate, House of Rep.

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

Name	Covered Official Position (if applicable)
Joanne Dunne	
Stephen Anderson	
George Olsen	

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

Signature  Date 08-05-03



Registrant Name Section of the American Physical Ther Client Name Self

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

20. Client new address  
1055 N. Fairfax Street, Suite 100; Alexandria, VA 22314

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

**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	Other

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

Signature  Date 08-05-03

Printed Name and Title Joanne Dunne

Form LD-2 (Rev. 4/03)

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