REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 15 P 2:55

1. NAME OF COMMITTEE (in full)
Physical Therapy Political Action Committee

ADDRESS (number and street) [ ] Check if different than previously reported.
1111 North Fairfax Street

CITY, STATE and ZIP CODE
Alexandria,, VA 22314

2. FEC IDENTIFICATION NUMBER
C00012880

3. [ ] This committee qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid-Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[X] May 20	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 04/01/2000 through 04/30/2000		
6.	(a) Cash on Hand January 1, 19 00		$178797.29
	(b) Cash on Hand at Beginning of Reporting Period	$171963.25	
	(c) Total Receipts (from Line 19)	$41286.18	$76682.96
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$213249.43	$255480.25
7.	Total Disbursements (from Line 30)	$20000.00	$62230.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$193249.43	$193249.43
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Nancy J. Garland

Signature of Treasurer
Nancy J. Garland

Date 5/11/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/99)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
Physical Therapy Political Action Committee

REPORT COVERING PERIOD
FROM 04/01/2000 TO: 04/30/2000

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	$2925.00	$9242.50	11(a)(i)
ii. Unitemized	$35337.50	$62804.18	11(a)(ii)
iii. Total (add i and ii)	$38262.50	$72046.68	11(a)(iii)
b. Political Party Committees	$0.00	$0.00	11(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	11(c)
d. Total Contributions (add a iii, b and c)	$38262.50	$72046.68	11(d)
12. Transfers From Affiliated/Other Party Committees	$0.00	$0.00	12
13. All Loans Received	$0.00	$0.00	13
14. Loan Repayments Received	$0.00	$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$2500.00	$2500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$523.68	$2136.28	17
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	$41286.18	$76682.96	19
20. Total Federal Receipts (subtract line 18 from line 19)	$41286.18	$76682.96	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	$0.00	$0.00	21(a)(i)
ii. Non-Federal Share	$0.00	$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	$0.00	$580.82	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$0.00	$580.82	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$20000.00	$61650.00	23
24. Independent Expenditures (use Schedule E)	$0.00	$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)	$0.00	$0.00	25
26. Loan Repayments Made	$0.00	$0.00	26
27. Loans Made	$0.00	$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	$0.00	$0.00	28(a)
b. Political Party Committees	$0.00	$0.00	28(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	$0.00	$0.00	28(d)
29. Other Disbursements	$0.00	$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$20000.00	$62230.82	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	$20000.00	$62230.82	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$38262.50	$72046.68	32
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$38262.50	$72046.68	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	$0.00	$580.82	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	$0.00	$580.82	37

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mary Alley RR 1 Box 235 Hamilton, NY 13346-9772 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $150.00	04/04/2000	$150.00
B. Mary Alley RR 1 Box 235 Hamilton, NY 13346-9772 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $225.00	04/21/2000	$75.00
C. Craig Amack 5175 Camino Tassajara Pleasanton, CA 94588- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $250.00	04/03/2000	$250.00
D. Susan Bennett 812 Starin Avenue Buffalo, NY 14223-2716 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	University of Buffalo Occupation: Physical Therapist Aggregate Year-to-Date -> $200.00	04/10/2000	$200.00
E. John Bonaroti 2209 Woodmont Dr Export, PA 15632-8954 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $200.00	04/17/2000	$100.00
F. Grad Cooper 15 Center Street Rumson, NJ 07760-1722 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $200.00	04/04/2000	$200.00
G. Timothy Kauffman 815 McGrann Boulevard Lancaster, PA 17601-4518 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Occupation: Physical Therapist Aggregate Year-to-Date -> $250.00	04/17/2000	$250.00

SUBTOTAL of Receipts This Page (optional)	$1225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Carolyn Kerby Unit 904 10926 Jolleyville Road Austin, TX 78759- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	St. David's OC Health Physical Therapist Aggregate Year-to-Date -> $100.00	04/11/2000	$100.00
B. Carolyn Kerby Unit 904 10926 Jolleyville Road Austin, TX 78759- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	St. David's OC Health Physical Therapist Aggregate Year-to-Date -> $200.00	04/24/2000	$100.00
C. Russell Lee 31884 N Castaic Road No. C-3 Castaic, CA 91384-3929 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $300.00	04/10/2000	$100.00
D. Joy Lentzsch 6606 Waggoner Drive Dallas, TX 75230- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $250.00	04/21/2000	$250.00
E. Lauri Merrill 631 S Ham Lane Suite B Lodi, CA 95242-3534 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Lodi Physical Therapy Physical Therapist Aggregate Year-to-Date -> $300.00	04/24/2000	$300.00
F. Bryan O'Halloran 312 Lincoln Ave Havertown, PA 19083-3006 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Pain Relief & Physical Therapy Physical Therapist Aggregate Year-to-Date -> $250.00	04/21/2000	$250.00
G. Maria Salonia 995 Montauk Highway Copiague, NY 11726-4938 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	04/11/2000	$100.00

SUBTOTAL of Receipts This Page (optional)	$1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Stribling 2811 Marietta Avenue Muscle Shoals, AL 35661-2611	Self-Employed	04/24/2000	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Physical Therapist		
	Aggregate Year-to-Date ->	$200.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Young Apt 9 559 Sagamore Ave Portsmouth, NH 03801-5560	Vencor Inc	04/21/2000	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Physical Therapist		
	Aggregate Year-to-Date ->	$250.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$450.00
TOTAL This Period (last page this line number only)	$2925.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kerrey for U.S. Senate 430 South Capitol Street Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $2500.00	04/19/2000 (contribution itemized on the December 1998 report)	$2500.00
B. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	
C. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	
D. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	
E. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	

SUBTOTAL of Receipts This Page (optional)	$2500.00
TOTAL This Period (last page this line number only)	$2500.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the detailed summary page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank Old Town Branch King Street Alexandria, VA 22314-		04/28/2000	$523.68
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	52136.28	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$523.68
TOTAL This Period (last page this line number only)	$523.68

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Baucus 203 C Street, NE Washington, DC 20002-	Contr. to Sen. Max Baucus, MT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Snowe for Senate P.O. Box 2000 Portland, ME 04106-	Contr. to Sen. Snowe, ME Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pryce for Congress 145 E. Rich Street Columbus, OH 43215-	Contr. to Rep. Pryce, OH-15 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/17/2000	$1000.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Mike DeWine 145 East Rich Street Columbus, OH 43215-0188	Contr. to Sen. DeWine, OH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/17/2000	$1000.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rangel 2000 Committee P.O. Box 5577 New York, NY 10027-	Contr. to Rep. Rangel, NY-15 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Moran for Congress P.O. Box 2518 Alexandria, VA 22301-	Contr. to Rep. Moran, VA-8 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/07/2000	$1000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Roth Senate Committee 425 Second Street, SE Washington, DC 20002-	Contr. to Sen. Roth, DE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/04/2000	$500.00

SUBTOTAL of Disbursements This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roth Senate Committee 425 Second Street, SE Washington, DC 20002-	Contr. to Sen. Roth, DE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$1000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Shadegg for Congress 2016 Mt. Vernon Avenue, 3rd Floor Alexandria, VA 22301-	Contr. to Rep. Shadegg, AZ-4 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$500.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Shadegg for Congress 2016 Mt. Vernon Avenue, 3rd Floor Alexandria, VA 22301-	Lost Check - AZ-4 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/02/2000	$-500.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Shadegg for Congress 2016 Mt. Vernon Avenue, 3rd Floor Alexandria, VA 22301-	Contr. to Rep. Shadegg, AZ-4 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$500.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Stabenow for U.S. Senate P.O. Box 4945 East Lansing, MI 48826-	Contr. to Rep. Stabenow, MI Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$5000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman Bart Gordon Cte. P.O. Box 2008 Murfreesboro, TN 37133-	Contr. to Rep. Gordon, TN-6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$500.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John D. Dingell for Congress Cte. P.O. Box 75214 Washington, DC 20013-5214	Contr. to Rep. Dingell, MI-16 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/03/2000	$1000.00

SUBTOTAL of Disbursements This Page (optional)	$8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate Schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dan Miller 1212 New York Avenue, NW #350 Washington, DC 20005-	Contr. to Rep. Dan Miller, FL-13 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ed Bryant for Congress P.O. Box 1961 Cordova, TN 38088-1961	Contr. to Rep. Bryant, TN-7 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
People with Hart P.O. Box 435 Nexford, PA 15090-0435	Contr. to Cand. Hart, PA-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/17/2000	$1000.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Davis for Congress P.O. Box 2884 Washington, DC 20013-	Contr. to Rep. Jim Davis, FL-11 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$500.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Cte. to Reelect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451-	Contr. to Rep. Roukema, NJ-5 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Grassley Committee Box 6193 Alexandria, VA 22306-	Contr. to Sen. Grassley, IA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/17/2000	$1000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$5500.00
TOTAL This Period (last page this line number only)	$20000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[signature] 5-15-00

PREPARER DATE PREPARED

(4/98)