REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

APR 21 2 35

2. FEC IDENTIFICATION NUMBER
C00012880

3. ☒ This committee has 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
☐ 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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/01/97 through 3/31/97		
6. (a) Cash on Hand January 1, 1997		$ 208,388.75
(b) Cash on Hand at Beginning of Reporting Period	$ 145,561.79	
(c) Total Receipts (from Line 19)	$ 5,078.35	$ 36,347.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 150,640.14	$ 244,736.57
7. Total Disbursements (from Line 30)	$ 29,305.00	$ 123,401.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 121,335.14	$ 121,335.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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 Garland

Signature of Treasurer
Nancy Garland

Date
4/18/97

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

FEC FORM 3X
(revised 9/93)

FEC6N135

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: 3/01/97 TO: 3/31/97

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)	$1,500.00	$6,695.00	11(a)(i)
ii. Unitemized	$3,232.15	$27,978.15	11(a)(ii)
iii. Total (add i and ii) ➤	$4,732.15	$34,673.15	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	$4,732.15	$34,673.15	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	$346.20	$1,674.67	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$5,078.35	$36,347.82	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$5,078.35	$36,347.82	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21 a(i)
ii. Non-Federal Share			21 a(ii)
b. Other Federal Operating Expenditures	$1,805.00	$15,506.43	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$1,805.00	$15,506.43	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$27,500.00	$104,125.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		$70.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$29,305.00	$123,401.43	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$29,305.00	$123,401.43	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$4,732.15	$34,673.15	32
33. Total Contribution Refunds (from line 28d)		$70.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$4,732.15	$34,603.15	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE8AN135

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11(a)

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
Maureen Becker 1 Wood Turtle Court Franklin Park, NJ 08823-1810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	3/27/97	$500.00
Jerry Klug 1475 First Avenue, SW Jacksonville, AL 36265-3337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AL Physical Rehab Services Physical Therapist Aggregate Year-to-Date $ 1,000.00	3/05/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... >

TOTAL This Period (last page this line number only) ..... > $1,500.00

FEC FORM 3X

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 Investment Bank P.O. Box 498 Richmond, VA	Interest Accrued from Account - $1,674.67	3/31/97	$346.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
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) .....

TOTAL This Period (last page this line number only) .....

FESN136

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Crestar Investment Bank P.O. Box 498 Richmond, VA	Estimated Federal Income Tax Disbursement for: Primary General Other (specify)	3/12/97	$1,805.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$1,805.00

FEBAN133

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Souder for Congress P.O. Box 16021 Alexandria, VA 223022	Mark Souder (H-IN-4) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
B. Nathan Deal for Congress P.O. Box 10621 Alexandria, VA 22302	Nathan Deal (H-GA-9) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
C. Thune for Congress 4451 Brookfield Corporate Drive Chantilly, VA 20151	John Thune (H-SD-AL) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
D. Friends of J.C. Watts 4451 Brookfield Corporate Drive Chantilly, VA 20151	J.C. Watts (H-OK-4) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
E. Weller for Congress 4451 Brookfield Corporate Drive Chantilly, VA 20151	Jerry Weller (H-IL-11) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
F. Re-Elect Brian Bilbray for Congress 4451 Brookfield Corporate Drive Chantilly, VA 20151	Brian Bilbray (H-CA-49) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
G. Upton for All of Us 4451 Brookfield Corporate Drive Chantilly, VA 20151	Fred Upton (H-MI-6) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/4/97	$500.00
H. Collins for Congress 4010 Franconia Road Alexandria, VA 22310	MacCollins (H-GA-3) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
I. People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310	Greg Ganske (H-IA-4) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. A Lot of People Supporting Tom Daschle 424 C Street, NE, First Floor Washington, DC 20002	Tom Daschle (S-SD) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
B. Tom DeLay for Congress 10707 Corporate Drive, Suite 130 Stafford, TX 77477	Tom DeLay (H-TX-22) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
C. Craig for U.S. Senate P.O. Box 2754 Boise, ID 83701	Larry Craig (S-ID) $3,000.00 Disbursement for: [ ] Primary [ ] General [XX] Other (specify) 1996 Debt	3/5/97	$1,000.00
D. Maloney for Congress 620 F Street, NE, #3 Washington, DC 20002	Carolyn Maloney (H-NY-14) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
E. Citizens for David Obey P.O. Box 75214 Washington, DC 20013-5214	David Obey, (H-WI-7) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
F. Martin Frost Campaign Committee P.O. Box 75214 Washington, DC 20013-5214	Martin Frost (H-TX-24) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
G. Citizens for Bobby Rush 1010 Wisconsin Avenue, NW Washington, DC 20007	Bobby Rush (H-VA-3) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
H. John Ensign for Congress 8917 Stafford Springs Drive Las Vegas, NV 89134	John Ensign (H-NV-1) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
I. Citizens for Kasich P.O. Box 10274 Alexandria, VA 22310	John Kasich (H-OH-12) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Re-Elect Congressman Joe Moakley P.O. Box 1073 Boston, MA 02205-9832	Joe Moakley (H-MA-9) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
B. Furse for Congress 1125 SE Madison, Suite 103-B Portland, OR 97214	Elizabeth Furse(H-OR-1) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
C. Murkowski '98 2230 Clarendon Blvd Arlington, VA 22201	Frank Murkowski (S-AK) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
D. Citizens for Ernest Hollings P.O. Box 65271 Washington, DC 20035	Ernest Hollings (S-SC) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
E. Friends of Byron Dorgan 420 C Street, NE, Basement Washington, DC 20002	Byron Dorgan (S-ND) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
F. Friends of Rick White P.O. Box 8156 Kirkland, WA 98034	Rick White (H-WA-1) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
G. Luther for Congress Vlunteer Committee 1399 Geneva Avenue, North, Suite 103 Oakdale, MN 22302	Bill Luther (H-MN-6) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
H. New Republican Majority Fund 3001 Park Center Drive Alexandria, VA 22302	Leadership PAC $5,000.00 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	3/5/97	$5,000.00
I. Earl Pomeroy for Congress Committee P.O. Box 75214 Washington, DC 20013	Earl Pomeroy (H-ND-AL) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FEBAN135

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Joe Pitts Committee P.O. Box 16021 Alexandria, VA 22302	Joe Pitts (H-PA-16) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
B. Friends for Houghton 4451 Brookfield Corporate Drive Chantilly, VA 20151	Amo Houghton (H-NY-31) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
C. Hall for Congress P.O. Box 711 Rockwall, TX 75087	Ralph Hall (H-TX-4) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
D. Barbara Kennelly for Congress P.O. Box 2884 Washington, DC 20013	Barbara Kennelly (H-CT-1) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
E. Bonior for Congress P.O. Box 75214 Washington, DC 200133	David Bonior (H-MI-10) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
F. John Breaux Senate Committee 110-B East Broad Street Falls Church, VA 22046	John Breaux (S-LA) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$1,000.00
G. Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof (H-MO-9) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
H. McCrery for Congress Committee P.O. Box 4650 Shreveport, LA 71134	Jim McCrery (H-LA-4) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00
I. Condit for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Gary Condit (H-CA-18) $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	3/5/97	$500.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FEBAN136

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Santorum 2000 8623 Lexington Place Wexford, PA 15090	Rick Santorum (S-PA) $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/20/97	$500.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $27,500.00

FE6ANI.35

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-18-97
☐	No Postmark	
☐	Postmark Illegible	
☐	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

JMA — PREPARER

4-21-97 — DATE PREPARED

FEC FORM 70-2 (12/92)