SCHEDULE B

ITEMIZED DISBURSEMENTS

One 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
Cardin for Congress P.O. Box 65056 Baltimore, MD 21209-0056	Contr. to Rep. Ben Cardin, MD-3 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/18/99	$1000.00
B. 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. Bill Roth, DE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/27/99	$1000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 38 Ivy Street Washington, DC 20003-	Contr. to Rep. Lois Capps, CA-22 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/18/99	$500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw 4451 Brookfield Drive Suite 200 Chantilly, VA 20151-	Contr. to Rep. Clay Shaw FL-22 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/05/99	$1000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC 1001 Pennsylvania Avenue, NW Suite 350N Washington, DC 20004-	PAC Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/05/99	$2500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCrery for Congress Committee P.O. Box 4650 Shreveport, LA 71134-0650	Contr. to Rep. Jim McCrery LA-4 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/05/99	$1000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cliff Stearns P.O. Box 308 Reddick, FL 32686-	Contr. to Rep. Stearns, FL-6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/05/99	$1000.00

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