REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 22 A 10: 40

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
☐ 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 09/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 19 99		$201352.96
(b) Cash on Hand at Beginning of Reporting Period	$137402.53	
(c) Total Receipts (from Line 19)	$36021.21	$132612.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$173423.74	$333965.02
7. Total Disbursements (from Line 30)	$11262.50	$171803.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$162161.24	$162161.24
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 11/18/99

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 9/93)

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 09/01/99 TO: 09/30/99

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)	$6625.00	$24910.00	11(a)(i)
ii. Unitemized	$29199.00	$105102.73	11(a)(ii)
iii. Total (add i and ii)	$35824.00	$130012.73	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)	$35824.00	$130012.73	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	$0.00	$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$197.21	$2599.33	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)	$36021.21	$132612.06	19
20. Total Federal Receipts (subtract line 18 from line 19)	$36021.21	$132612.06	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	$2269.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$0.00	$2269.00	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$11162.50	$169420.59	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	$100.00	$100.00	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)	$100.00	$100.00	28(d)
29. Other Disbursements	$0.00	$14.19	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$11262.50	$171803.78	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	$11262.50	$171803.78	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$35824.00	$130012.73	32
33. Total Contribution Refunds (from line 28d)	$100.00	$100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$35724.00	$129912.73	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	$0.00	$2269.00	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	$2269.00	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. David Apts 140 Cheshire Lane Ashland, KY 41102-	PT Centers Physical Therapist	09/07/99	$500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
B. Jerome Connolly 1902 Joliette Court Alexandria, VA 22307-1626	apta Physical Therapist	09/10/99	$500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$530.00	
C. Karen Darby 224 Petunia Lake Jackson, TX 77566-4325	Fitness & Rehab Services Physical Therapist	09/14/99	$100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	
D. Jill Floberg Olympia PT Services PO Box 7147 Olympia, WA 98507-7147	Olympia PT Services Physical Therapist	09/07/99	$500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
E. Bill Hitchcock 701 S Inverness Lane Yorktown, IN 47396-9325	Innovative Strategies Physical Therapist	09/07/99	$500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
F. Timothy Kauffman 815 McGrann Boulevard Lancaster, PA 17601-4518	Self-Employed Physical Therapist	09/23/99	$100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	
G. Lynn Maguire 67 Crestview Drive Mount Charleston, NV 89124-	Present Inc. Physical Therapist	09/08/99	$200.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	

SUBTOTAL of Receipts This Page (optional)	$2400.00
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)

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. Kathleen Mairella 256 Whitford Avenue Nutley, NJ 07110-1820 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/27/99	$200.00
B. Gary Piazzon Post Office Box 1523 Coupeville, WA 98239-1523 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $250.00	09/03/99	$150.00
C. Frederick Plessner 15425 Saddleback Drive Canyon Country, CA 91351-4706 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Theraputic Associates Physical Therapist Aggregate Year-to-Date -> $600.00	09/20/99	$400.00
D. Nancy Prickett 27 Ridge Avenue Mount Holly, NJ 08060-1638 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aspen Physical Therapy Physical Therapist Aggregate Year-to-Date -> $255.00	09/21/99	$225.00
E. William Quillen 19229 Hampton Drive Lawrenceburg, IN 47025- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/14/99	$200.00
F. Marjorie Ratliff 520 Scotland Ave Rockingham, NC 28379-3145 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	NovaCare Inc Physical Therapist Aggregate Year-to-Date -> $250.00	09/30/99	$50.00
G. Kelly Reed 10510 SW 53rd Avenue Portland, OR 97219-5840 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Therapeutic Associates Physical Therapist Aggregate Year-to-Date -> $500.00	09/08/99	$500.00

SUBTOTAL of Receipts This Page (optional)	$1725.00
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)

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. Paul Rockar 3911 Murry Highlands Circle Murrysville, PA 15668-1734 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Centers For Rehab Services / Physical Therapist Aggregate Year-to-Date -> $750.00	09/30/99	$250.00
B. Samuel Rudd 124 W Spruce Street Sequim, WA 98382-3350 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed / Physical Therapist Aggregate Year-to-Date -> $200.00	09/16/99	$200.00
C. Diane Ryan 8518 Third Avenue Brooklyn, NY 11209-4610 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Bridge View PT / Physical Therapist Aggregate Year-to-Date -> $200.00	09/13/99	$200.00
D. Shirley Sahrmann 1139 Ralph Terrace Richmond Heights, MO 63117-1528 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Washington School of MED PT / Physical Therapist Aggregate Year-to-Date -> $200.00	09/14/99	$200.00
E. Glory Sanders 60 Chevaux Court Atlanta, GA 30342-1944 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed / Physical Therapist Aggregate Year-to-Date -> $500.00	09/13/99	$500.00
F. Brenda Seawell Disability Services of the SouthWest Inc 5701 Westcreek Drive Fort Worth, TX 76133-3301 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Disability Services of the Sou / Physical Therapist Aggregate Year-to-Date -> $250.00	09/14/99	$250.00
G. Dennis Silverbloom 511 Devon Place West Islip, NY 11795-4717 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed / Physical Therapist Aggregate Year-to-Date -> $200.00	09/15/99	$100.00

SUBTOTAL of Receipts This Page (optional)	$1700.00
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)

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. Charles Smith 2576 Sheridan Rd Petoskey, MI 49770-9705 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Northern MI Rehab Services / Physical Therapist Aggregate Year-to-Date -> $200.00	09/28/99	$200.00
B. Patti Taira-Tokuuke 93 Lahaina Street Hilo, HI 96720- Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Health South / Physical Therapist Aggregate Year-to-Date -> $200.00	09/15/99	$200.00
C. Kathleen Whooley 321 N. Larchmont Blvd Ste 825 Los Angeles, CA 90004-6408 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Self-Employed / Physical Therapist Aggregate Year-to-Date -> $300.00	09/14/99	$200.00
D. Daniel Wolfe 6208 St Alban's Circle Edina, MN 55439-1149 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Saunders Therapy Center / Physical Therapist Aggregate Year-to-Date -> $200.00	09/23/99	$200.00
E. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation Aggregate Year-to-Date ->	/ /	
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation Aggregate Year-to-Date ->	/ /	
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation Aggregate Year-to-Date ->	/ /	

SUBTOTAL of Receipts This Page (optional)	$800.00
TOTAL This Period (last page this line number only)	$6625.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Thune for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contr. to Rep. John Thune, SD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$500.00
B. Kennedy for Senate c/o Melissa Maxfield 424 C Street, NE, First Floor Washington, DC 20002-	Contr. to Senator Kennedy, MA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$1000.00
C. Norwood for Congress P.O. Box 499 Evans, GA 30809-	Contr. to Rep. Norwood, GA-10 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$500.00
D. A Lot of People for Dave Obey P.O. Box 75214 Washington, DC 20013-	Contr. to Rep. Dave Obey, WI-7 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$1000.00
E. Northern Lights PAC 1010 Wisconsin Avenue, #320 Washington, DC 20007-	Contr. to Leadership PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$1000.00
F. Friends of John Tanner P.O. Box 1988 Union City, TN 38261-	Contr. to Rep. Tanner, TN-8 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$500.00
G. Burr for Congress Committee P.O. Box 5928 Winston Salem, NC 27113-	Contr. to Rep. Richard Burr NC-5 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/15/99	$1000.00

SUBTOTAL of Disbursements This Page (optional)	$5500.00
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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510-	Contr. to Rep. Hastert, IL-14 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$1250.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman Bill Young Campaign Cte. P.O. Box 103 Arlington, VA 22210-	Contr. to Rep. Bill Young, FL-10 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740-	Contr. to Rep. Pallone, NJ-6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$500.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Searchlight Leadership Fund 818 Connecticut Avenue, NE #302 Washington, DC 20002-	Contribution to Leadership PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/16/99	$1000.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Vitter for Congress 2520 Metairie Road Metairie, LA 70001-	Contr. to Rep. David Vitter, LA-1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$500.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Matsui for Congress Committee 729 15th Street, NW , 3rd Floor Washington, DC 20005-	Contr. to Rep. Bob Matsui, CA-5 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/27/99	$1000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tortilla Coast 400 First Street, SE Washington, DC 20003-	Food for fundraiser, Rep Burr, NC-5 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/15/99	$412.50 IN KIND

SUBTOTAL of Disbursements This Page (optional)	$5662.50
TOTAL This Period (last page this line number only)	$11162.50

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 11-19-99
☐	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
☐	Electronic Filing	

JMD — PREPARER

11-22-99 — DATE PREPARED

(4/98)