For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Alexandria, VA 22314

FEDERAL ELECTION COMMISSION MAIL ROOM
MAR 22 11 07 AM '95

2. FEC IDENTIFICATION NUMBER
C00128880

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

5. Covering Period 2/1/95 through 2/28/95

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 95		$ 483,964.13
(b) Cash on Hand at Beginning of Reporting Period	$479,119.63	
(c) Total Receipts (from Line 19)	$26,413.00	$52, 768.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$505,532.63	$536,732.63
7. Total Disbursements (from Line 30)	$27,575.00	$58,775.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$477,957.63	$477,957.63
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
Pamela Phillips

Signature of Treasurer
Pamela Phillips

Date 3/20/95

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: American Physical Therapy Cong. Action Committee

REPORT COVERING PERIOD FROM 2/1/95 TO 2/28/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$5,250.00	$9,250.00
ii. Unitemized	21,163.00	43,518.50
iii. Total (add i and ii) ➤	26,413.00	52,768.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	26,413.00	52,768.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,413.00	52,768.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	26,413.00	52,768.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	$27,500.00	$58,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	75.00	275.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	75.00	275.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	27,575.00	58,775.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	27,575.00	58,775.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$26,413.00	$52,768.50
33. Total Contribution Refunds (from line 28d)	75.00	275.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,338.00	52,493.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (In Full)

American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Walter Cleary Corbin PT Clinic 1480 18th Street Corbin, KY 40701-2721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corbin Physical Therapy Clinic Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$200.00
B. David Clifton Airport Business Center Physiotherapy Assoc, Inc. 100 Diplomat Dr, Lester, PA 19113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Airport Business Center Physiotherapy Assoc, Inc. Occupation: Physical Therapist Aggregate Year-to-Date: $250.00	2/21/95	$250.00
C. Gerard Cuffe 15 Jeffery Lane, RD 8 Kingston, NY 12401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingston PT & Sports Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$200.00
D. Glenn Decker 320 Streamland Drive Danville, KY 40422-1062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PT Clinic of Danville Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$200.00
E. Paul Fagerstrom 16 Sheffield Lane Mt. Laurel, NJ 08054-3318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cherry Hill PT Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$200.00
F. Jeffrey Faulk 440 Magnolia Branch Drive Apt 9 Winston Salem, NC 27104-4409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Rehab Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$100.00
G. Kathleen Fox 70 Sixth Avenue Quincy, MA 02169-8729 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braintree Hospital Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	2/21/95	$200.00

SUBTOTAL of Receipts This Page (optional)	$1,350.00
TOTAL This Period (last page this line number only)	

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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)

American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Victoria Franco 11131 SW 146 Place Miami, FL 33186-6621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TheraCare Rehab Care Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Roy Goldberg 3117 Buhre Avenue Bronx, NY 10461-4705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bronx PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Joel Hunnicutt 3331 Capital Oaks Drive Tallahassee, FL 32308-4513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Florida PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
D. Jensen 1341 George Washington WAy Richland, WA 99352-3455 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Advance PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Ira Kreisler 86-48 Marengo Street Jamaica, NY 11423-1326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Employed Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Stephen Levine Spine & Sports Rehab Center 1966 Greenspring Drive, Suite 409 Timonium, MD 21093-4117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spine & Sports Rehab Center Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Carl Mailhot Norwich Physical Therapy Services 150 Otrobando Avenue Norwich, CT 06360-2116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Norwich PT Services Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00

SUBTOTAL of Receipts This Page (optional) > $1,400.00

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

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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)
American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip Malloy 101 Wood View Road Orwigsburg, PA 17961 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pottsville Area PT Services Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
K. Moeller-Mansour Health Hill Hospital 2801 Martin Luther King Jr. Cleveland, OH 44104-3865 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Hill Hospital Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
David Pakozdi 1907 Wilshire Boulevard, Apt 203 Santa Monica, CA 90403-5652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kinetic Orthopedic PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
James Peak North Carolina Spine Center 101 Conner Drive, Suite 200 Chapel Hill, NC 27514-7038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Spine Center Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Kevin Roden Island Sprots Physical Therapy 607 Middle Country Road Coram, NY 11727-3345 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Island Sports PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Lemuel Rudd 124 W. Spruce Street Sequim, WA 98382-3350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sequim PT Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00
Brenda Seawell The Well Mill PT Clinic. 5701 Westcreek Fort Worth, TX 76133-3301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Well Mill PT Clinic Occupation: Physical Therapist Aggregate Year-to-Date > $200.00	2/21/95	$200.00

SUBTOTAL of Receipts This Page (optional) $1,400.00

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

95030272

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)

American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Siegel 101 Hodencamp Road, Apt 103 Thousand Oaks, CA 91360-5831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Summerfelt 1101 W. Lake Street, Suite 402 Oak Park, IL 60301-1048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Rehab Services Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maureen Thornby 307 East 89th Street, Apt 5C New York, NY 10128-5025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Verdon 36 Glen Eagles Road Washington Township, NJ 07882-1564 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Wehrman 2875 Lewis Lane Suite B Paris, TX 75462-2013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Williams 1223 12th Avenue Road Nampa, ID 83686-6001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Idaho Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	2/21/95	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physical Therapist Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) $1,100.00

TOTAL This Period (last page this line number only) $5,250.00

95530274

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Physical Therapy Congressional Action Committee

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
The Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	Judd Gregg (S-NH)	2/2/95	$2,000.00
Bilbray for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 22021-1652	Brian Bilbray (HR-49th-CA)	2/2/95	$500.00
Re-Elect Senator Mark Hatfield Committee 425 Second Street, NE Washington, DC 20002	Mark Hatfield (S-OR)	2/2/95	$1,000.00
Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger Wicker (HR-1st-MS)	2/2/95	$500.00
Stephen Cinquanti P.O. Box 3227 Pinehurst, NC 28374-3227	Refund	2/2/95	$50.00
Bliley for Congress 3830 Ingalls Avenue Alexandria, VA 22302	Thomas J. Bliley, Jr. (HR-7th-VA)	2/2/95	$1,000.00
Friends of Max Baucus 236 Massachusetts Avenue, Suite 202 Washington, DC 20002	Max Baucus (S-MT)	2/2/95	$1,000.00
Jim Ramstad Volunteer Committee 8100 Pennsylvania Avenue, South Suite 104 Bloomington, MN 55431	Jim Ramstad (HR-3rd-MN)	2/2/95	$500.00
Michelle Pipke 5757 W. Eugie Avenue, Apt 1018 Glendale, AZ	Refund	2/10/95	$25.00

SUBTOTAL of Disbursements This Page (optional) $6,575.00

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

PAGE 2 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Physical Therapy Congressional Action Committee

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
Frank Riggs for Congress Committee P.O. Box 16021 Alexandria, VA 22302	Frank Riggs (HR-1st-CA)	2/12/95	$500.00
Largent for Congress Committee 1155 21st Street, NW, Suite 300 Washington, DC 20031	Steve Largent (HR-1st-OK)	2/17/95	$500.00
McCrery for Congress P.O. Box 4650 Shreveport, LA 71134	Jim McCrery (HR-5th-LA)	2/17/95	$1,000.00
DSCC 430 South Capitol Street, SE Washington, DC 20003	Democratic Leader Reception/Dinner	2/22/95	$5,000.00
Durbin for Congress Committee 555 New Jersey Avenue, NW, Suite 201 Washington, DC 20001	Richard J. Durbin (HR-20th-IL)	2/23/95	$500.00
Earl Pomeroy for Congress c/o 555 New Jersey Avenue, NW, Suite 201 Washington, DC 20001	Earl Pomeroy (HR-At Large-ND)	2/23/95	$500.00
Ganske for Congress 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske (HR-4th-IA)	2/23/95	$500.00
Nussle for Congress Committee P.O. Box 324 Manchester, IA 52057	Jim Nussle (HR-2nd-IA)	2/23/95	$1,000.00
Thurman for Congress c/o Steve Pederson 3610 38th Street, NW, #F270 Washington, DC 20016	Karen Thurman (HR-5th-FL)	2/24/95	$500.00

SUBTOTAL of Disbursements This Page (optional) $10,000.00

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

95039027 6

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)
American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Diaz-Balart for Congress 9737 NW 41st Street, Suite 131 Miami, FL 33178	Lincoln Diaz-Balart (HR-21st-FL) Disbursement for: Primary General Other (specify)	2/24/95	$500.00
B. Citizens for David Obey 555 New Jersey Avenue, NW, Suite 201 Washington, DC 20001	David Obey (HR-7th-WI) Disbursement for: Primary General Other (specify)	2/27/95	$500.00
C. John D. Dingell for Congress Committee c/o 555 New Jersey Avenue, NW, #201 Washington, DC 20001	John D. Dingell (HR-16th-MI) Disbursement for: Primary General Other (specify)	2/27/95	$2,000.00
D. Kildee for Congress P.O. Box 2884 Washington, DC 20013	Dale E. Kildee (HR-9th-MI) Disbursement for: Primary General Other (specify)	2/27/95	$500.00
E. Hall for Congress Committee c/o Sharon Hodgdon 1500 Wilson Boulevard, Suite 320 Arlington, VA 22209	Tony P. Hall (HR-4th-TX) Disbursement for: Primary General Other (specify)	2/27/95	$500.00
F. Re-Elect Senator Mark Hatfield Committee 317 Massachusettes Avenue, NE Washington, DC 20002	Mark O. Hatfield (S-OR) Disbursement for: Primary General Other (specify)	2/27/95	$1,000.00
G. Congressman Amo Houghton 3869 Beech Down Drive Chantilly, VA 22021-3348	Amo Houghton (HR-31st-NY) Disbursement for: Primary General Other (specify)	2/27/95	$1,000.00
H. Herger for Congress Committee c/o Robb Austin P.O. Box 40175 Washington, DC 20016	Wally Herger (HR-2nd-CA) Disbursement for: Primary General Other (specify)	2/27/95	$1,000.00
I. Armey for Congress 4451 Brookfield Corp. Drive, #200 Chantilly, VA 22021-1653	Richard K. Armey (HR-26th-TX) Disbursement for: Primary General Other (specify)	2/27/95	$2,000.00

SUBTOTAL of Disbursements This Page (optional) $9,000.00

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

95030217

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)
American Physical Therapy Congressional Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Murkowski '98 2300 Clarendon, Suite 1010 Arlington, VA 22201	Frank H. Murkowski (S-AK) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/27/95	$1,000.00
B. Full Name, Mailing Address and ZIP Code Friends for Slade Gorton '94 General Debt 11027 NE 4th Bellevue, WA 98004	Slade Gorton (S-WA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/27/95	$1,000.00
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)	$2,000.00
TOTAL This Period (last page this line number only)	$27,575.00

95037002 73

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 3-20-95
☐	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

MH.
PREPARER

3-22-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 2 7 0 0 2 7 9