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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 4 11 48 AM '98

2. FEC IDENTIFICATION NUMBER
C00012880

3. [X] 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	[X] 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 12/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 208,388.75
(b) Cash on Hand at Beginning of Reporting Period	$286,676.24	
(c) Total Receipts (from Line 19)	$ 10,947.64	$ 298,894.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$297,623.88	$ 507,283.29
7. Total Disbursements (from Line 30)	$ 7,750.00	$ 217,409.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$289,873.88	$ 289,873.88
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 J. Garland

Signature of Treasurer
N J Garland

Date
1/30/98

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)

FEBAN138

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 12/1/97 TO: 12/31/97

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)	$2,357.00	$34,982.00	11(a)(i)
ii. Unitemized	$7,583.33	$257,360.65	11(a)(ii)
iii. Total (add i and ii) ➤	$9,940.33	$292,342.65	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) ➤	$9,940.33	$292,342.65	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.)	$1,007.31	$6,551.89	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$10,947.64	$298,894.54	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	$10,947.64	$298,895.54	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		$15,506.43	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		$15,506.43	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$7,750.00	$193,932.98	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		$270.00	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) ➤		$270.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$7,750.00	$217,409.41	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$7,750.00	$217,409.41	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$9,940.33	$292,342.65	32
33. Total Contribution Refunds (from line 28d)		$270.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$9,940.33	$292,072.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		$15,506.43	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤		$15,506.43	37

FE6ANI.96

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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
Stephen Campbell 2130 Reflection Bay Drive Arlington, TX 76013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	12/12/97	$500.00
Melissa Carlson 12601 Moores Mill Road Huntersville, NC 28078 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 200.00	12/30/97	$100.00
Lisa Cline 6259 North London Avenue, Apt. F Kansas City, MO 64151-4727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 219.50	12/8/97	$57.00
Jack Close Copper Point 4560 South Eastern Avenue, #B18 Las Vegas, NV 89119-6182 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	12/4/97	$500.00
Robert Frank 7271 North Main Street, Apt. 6 Dayton, OH 45415 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 250.00	12/15/97	$250.00
Charles Hall 45 Riverside Drive Dayton, OH 45405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NovaCare Physical Therapist Aggregate Year-to-Date $ 500.00	12/12/97	$500.00
Wen Ling 3 Washington Square Village, Apt 10K New York, NY 10012-1806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 250.00	12/8/97	$125.00

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

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)

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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. David Malone, 106 West Central Avenue, Federalsburg, MD 21632	Self / Physical Therapist	12/1/97	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		
B. Alex Pierre, P.O. Box 900643, Far Rockaway, NY 11690	Self / Physical Therapist	12/30/97	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 220.00		
C. Jan Richardson, 118 Lakeland DRive, Mars, PA 16046	Slippery Rock University / Physical Therapist	12/12/97	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 425.00		
D. Bernice Small, 516 East Freehold Road, Freehold, NJ 07728	Self / Physical Therapist	12/12/97	$125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 375.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation: Physical Therapist	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: Physical Therapist	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: Physical Therapist	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)	$2,357.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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 - $6,551.89	12/30/97	$1,007.31
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)	$1,007.31

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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
People For English Committee P.O. Box 1940 Erie, PA 16501	Phil English (H-PA-21) $750.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/9/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Souder for Congress P.O. Box 16021 Alexandria, VA 22303	Mark Souder -(H-IN-4) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/10/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Supporting Tom Daschle 424 C Street, NE, First Floor Washington, DC 20002	Tom Daschle (S-SD) $3,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/10/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress 1399 Geneva Avenue, N, Suite 103 Oakdale, MN 55128	Bill Luther -(H-MN-6) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/10/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wyden for Senate P.O. Box 3498 Portland, OR 97208	Ron Wyden (S-OR) $4,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/10/97	$4,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Baird for Congress 1401 Rogers NW Olympia, WA 98507	Brian Baird (H-WA-3) $1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/10/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jean Leising for Congress P.O. Box 53 Batesville, IN 47006	(H-IN-9) Jean Leising $500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/19/97	$500.00
H. 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)		
I. 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) .....

TOTAL This Period (last page this line number only) $7,750.00

FE6AN136

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 2/2/98
☐	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	

PREPARER

2/4/98
DATE PREPARED

(7/97)