REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 4 1 32 PM '97

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

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 11/26/96 through 12/31/96		$ 436,627.36
6. (a) Cash on Hand January 1, 1996	$ 195,266.04	
(b) Cash on Hand at Beginning of Reporting Period	$ 20,731.71	$ 429,366.19
(c) Total Receipts (from Line 19)	$ 215,997.75	$ 865,993.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 10,609.00	$ 660,604.80
7. Total Disbursements (from Line 30)	$ 205,388.75	$ 205,388.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ -0-	
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)		

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: 1/31/97

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)

SEEAN1M

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 11/26/96 TO: 12/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:	$6,070.00	$71,971.25	11(a)(i)
a. Individual/Persons Other Than Political Committees			11(a)(ii)
i. Itemized (use Schedule A)	$14,661.71	$353,378.80	11(a)(iii)
ii. Unitemized	$20,731.71	$425,350.05	11(b)
iii. Total ... (add i and ii) ➤			11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)	$20,731.71	$425,350.05	12
d. Total Contributions ... (add a iii, b and c) ➤			13
12. Transfers From Affiliated/Other Party Committees			14
13. All Loans Received			15
14. Loan Repayments Received		$4,016.14	16
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			18
17. Other Federal Receipts (Dividends, Interest, etc.)			19
18. Transfers from Nonfederal Account for Joint Activity	$20,731.71	$429,366.19	20
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$20,731.71	$429,366.19	
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			21(a)(i)
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(ii)
i. Federal Share			21(b)
ii. Non-Federal Share		$73,652.57	21(c)
b. Other Federal Operating Expenditures		$73,652.57	22
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤			23
22. Transfers to Affiliated/Other Party Committees	$11,175.00	$568,395.54	24
23. Contributions to Federal Candidates/Committees and Other Political Committees			25
24. Independent Expenditures (use Schedule E)			26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			27
26. Loan Repayments Made			28(a)
27. Loans Made		$305.00	28(b)
28. Refunds of Contributions To:			28(c)
a. Individuals/Persons Other Than Political Committees			28(d)
b. Political Party Committees		$305.00	29
c. Other Political Committees (such as PACs)	$9,434.00	$18,251.69	30
d. Total Contribution Refunds ... (add a, b and c) ➤	$10,609.00	$660,604.80	31
29. Other Disbursements	$10,609.00	$660,604.80	
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$20,731.71	$425,350.05	32
33. Total Contribution Refunds (from line 28d)		$305.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$20,731.71	$425,045.05	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤		$73,652.57	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤		$73,652.57	37

FEEAN>35

SCHEDULE A

ITEMIZED RECEIPTS

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

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
A. Belinda Allen 300-A Sunset Circle Moultrie, GA 31768-6924 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 400.00	12/31/96	$200.00
B. Adele DiGiovanna 2625 Vagabond Lane Plymouth, MN 55447-1562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	12/16/96	$500.00
C. Susan Grawe 6726 General Diaz New Orleans, LA 70124-3318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 200.00	12/4/96	$50.00
D. Stephen Griffin 1251 South Main Street Middleton, CT 06457-5050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	12/31/96	$500.00
E. Ronnie Hald P.O. Box 828 Holdrege, NE 68949-0828 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Phelps Memorial Health Center Physical Therapist Aggregate Year-to-Date $ 200.00	12/26/96	$50.00
F. Charles Hall 45 Riverside Drive Dayton, OH 45405-4939 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Theraputic Services Physical Therapist Aggregate Year-to-Date $ 500.00	12/30/96	$500.00
G. William Hardy 1251 South Main Street, Ext Middleton, CT 06457-5050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date $ 500.00	12/30/96	$500.00

SUBTOTAL of Receipts This Page (optional) $2,300.00

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

PAGE 2 OF 5

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. Janet Howells 266 Crossing Creek, North Gahanna, OH 43230-6107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/13/96	$100.00
B. Robert Huhn 411 West Pueblo Street Santa Barbara, CA 93105-4227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 500.00	12/31/96	$500.00
C. Linda Karacoloff 731 Sachem Circle Slingerlands, NY 12159 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/20/96	$50.00
D. David Kauffman 18875 West State,Route 105 Elmore, OH 43416-9537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/5/96	$200.00
E. Irvin Miller 12205 F Little Patuxent Parkway Columbia, MD 21044-2864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/23/96	$50.00
F. Joyce Miller 1902 36th Place, SE Puyallup WA 98374-4155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/24/96	$50.00
G. Carole Montgomery 4528 North 4th Avenue Evansville, IN 47710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 220.00	12/31/96	$20.00

SUBTOTAL of Receipts This Page (optional)	$970.00
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

PAGE 3 OF 5

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. Phyllis Moriarty 229 Manchester Road, Suite 101 Poughkeepsie, NY 12603-2534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 500.00	12/31/96	$125.00
B. Hugh Murray 2240 5th Avenue Huntington, WV 25703-1290[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Huntington Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date $ 600.00	12/31/96	$250.00
C. Paula Nakamatsu 1416 West 148th Street, Apt. 7 Gardena, CA 90247-2956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 250.00	12/31/96	$50.00
D. Kim Osborne 1600 North Main Lovington, NM 88260-2813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 400.00	12/4/96	$50.00
E. Majorie Ratliff 520 Scotland Avenue Rockingham, NC 28379 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 250.00	12/4/96	$75.00
F. David Rzepka 4615 Trails Drive Sarasota, FL 34232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/4/96	$100.00
G. Michael Skurja, Jr. 11639 Via Tavito San Diego, CA 92128-4505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/4/96	$50.00

SUBTOTAL of Receipts This Page (optional)	$700.00
TOTAL This Period (last page this line number only)	

FERAN1.25

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. Dannie Smith 454 Dogwood Trail Thomaston, GA 30286-9403	Self Physical Therapist	12/24/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		
B. Jayne Snyder 4000 South 56th Street Lincoln, NE 68506-5108	Self Physical Therapist	12/31/96	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
C. Diane Thompson P.O. Box 620 Elmer, NJ 08318-0620	Self Physical Therapist	12/30/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		
D. Peter Towne 1390 Eaton Avenue Hamilton, OH 45013-1407	Self Physical Therapist	12/30/96	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		
E. Wylene Watts 1414 Echo Mill Drive Powder Springs, GA 30073-4958	Self Physical Therapist	12/26/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		
F. Richard Wierman 70 Briarwood Blvd. Hanover, PA 17331-9034	Self Physical Therapist	12/31/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
G. Steve Wilson 2306 Dean Street Eureka, CA 95501-3209	Eureka Physical Therapy Physical Therapist	12/12/96	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		

SUBTOTAL of Receipts This Page (optional) $1,900.00

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

FE6AN135

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Michitaro Yamamoto 18700 Main Street, Suite 107 Huntington Beach, CA 92648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	12/31/96	$200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $200.00

TOTAL This Period (last page this line number only) $6,070.00

PEGAN 135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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 / Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Len's Food P.O. Box 468 Oelwein, IA 50662	In-Kind Contribution to Jim Nussle (H-IA) 1996 General	12/9/96	$175.00
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**
Tim Johnson for South Dakota 424 C Street Washington, DC 20002	Tim Johnson (S-SD) 1996 Debt Retirement	12/12/96	$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)	
TOTAL This Period (last page this line number only)	$1,175.00

FE6AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28(d)

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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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Texas State Society, 7605 Ridgecrest Drive, Alexandria, VA 22308	Inaugural Ball	12/12/96	$400.00
B. Texas State Society, 7605 Ridgecrest Drive, Alexandria, VA 22308	Membership Dues	12/12/96	$20.00
C. Presidential Inaugural Committee, 801 I Street, NW, Washington, DC 20005	Inaugural Tickets	12/23/96	$6,014.00
D. Presidential Inaugural Committee, 801 I Street, NW, Washington, DC 20005	Inaugural Tickets	12/24/96	$3,000.00
E.			
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) $9,434.00

FEBAN105

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 1/31/97
☐	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

E.S.

PREPARER

2/4/97

DATE PREPARED

FEC FORM 70-2 (12/92)