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)
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. Friends of Lois Capps 38 Ivy Street Washington, DC 20003-	Contr. to Rep. Lois Capps, CA-22 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/24/99	$500.00
B. Jeffords for Vermont 507 Capitol court, NE #100 Washington, DC 20002-	Contr. to Sen. James Jeffords, VT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/24/99	$1000.00
C. Northern Lights PAC 1537 Shipsview Road Annapolis, MD 21401-	Contribution to Leadership PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/24/99	$1000.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$2500.00
TOTAL This Period (last page this line number only)	$52500.00