REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 20 P 1:01

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
[X] 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	[X] 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 [X] NO

SUMMARY

5. Covering Period 09/01/2000 through 09/30/2000

		COLUMN A This Period	COLUMN B Calendar Year-to-date
6.	(a) Cash on Hand January 1, 19 00		$178797.29
	(b) Cash on Hand at Beginning of Reporting Period	$260252.83	
	(c) Total Receipts (from Line 19)	$32030.30	$320580.78
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$292283.13	$499378.07
7.	Total Disbursements (from Line 30)	$30625.00	$237719.94
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$261658.13	$261658.13
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 10/11/2000

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 09/01/2000 TO: 09/30/2000

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)	$5925.00	$44932.50	11(a)(i)
ii. Unitemized	$25156.50	$266397.18	11(a)(ii)
iii. Total (add i and ii)	$31081.50	$311329.68	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)	$31081.50	$311329.68	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	$2500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$948.80	$6751.10	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)	$32030.30	$320580.78	19
20. Total Federal Receipts (subtract line 18 from line 19)	$32030.30	$320580.78	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	$580.82	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$0.00	$580.82	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$30625.00	$237039.12	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	$0.00	$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)	$0.00	$100.00	28(d)
29. Other Disbursements	$0.00	$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$30625.00	$237719.94	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	$30625.00	$237719.94	31

III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$31081.50	$311329.68	32
33. Total Contribution Refunds (from line 28d)	$0.00	$100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$31081.50	$311229.68	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	$0.00	$580.82	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	$580.82	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. Christine Broegger, 28916 La Carreterra, Laguna Niguel, CA 92677-4505	Beverly Enterprises / Physical Therapist	09/29/2000	$200.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	
B. Karla Buras, 3915 South Post Oak, New Orleans, LA 70131-8413	Self-Employed / Physical Therapist	09/05/2000	$125.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$405.00	
C. Stephen DeDufour, 20 Poor Farm Rd, Pennington, NJ 08534-3801	Hospital for Spinal Surgery / Physical Therapist	09/14/2000	$200.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$200.00	
D. Eveline Erni, 57 West 57th Street No 809, New York, NY 10019-2802	Self-Employed / Physical Therapist	09/29/2000	$250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
E. William Hardy, 1251 S Main St Ext, Middletown, CT 06457-5050	Self-Employed / Physical Therapist	09/29/2000	$250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
F. Connie Hauser, 105 Liberty Street, PO Box 1029, Barbourville, KY 40906-1437	Self-Employed / Physical Therapist	09/14/2000	$250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
G. Peggy Hiller, 6329 North 44th Street, Paradise Valley, AZ 85253-3919	AZ State Board of PT / Physical Therapist	09/12/2000	$500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

SUBTOTAL of Receipts This Page (optional)	$1775.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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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 N Gahanna, OH 43230-6107 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/28/2000	$200.00
B. Jerry Klug AL Physical Rehab Service 1475 1st Avenue SW Jacksonville, AL 36265-3337 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AL Physical Rehab Service Physical Therapist Aggregate Year-to-Date -> $500.00	09/19/2000	$500.00
C. Ralph Mast PO Box 6182 Kingsport, TN 37663-1182 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/06/2000	$200.00
D. Sara Migliarese 1010 Willowlake Court Winston-Salem, NC 27106-4423 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Winston-Salem State Univ. Physical Therapist Aggregate Year-to-Date -> $200.00	09/18/2000	$75.00
E. Rodney Miyasaki 324 East Holly Circle Sandy, UT 84070-3436 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Westwood PT Clinic Physical Therapist Aggregate Year-to-Date -> $500.00	09/07/2000	$500.00
F. Margaret Nonnemacher 4753 Hurst Road Callahan, FL 32011-4202 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	University of North Florida Physical Therapist Aggregate Year-to-Date -> $200.00	09/06/2000	$200.00
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	09/07/2000	$500.00

SUBTOTAL of Receipts This Page (optional)	$2175.00
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)

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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. Shirley Sehrmann 1139 Ralph Terrace Richmond Heights, MO 63117-1528 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Washington University Physical Therapist Aggregate Year-to-Date -> $200.00	09/07/2000	$200.00
B. Kirk Shelley AnMed/VBS Rehabilitative Services 2000 E Greenville Street Anderson, SC 29621-1580 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AnMed/VBS Rehabilitative Servi Physical Therapist Aggregate Year-to-Date -> $200.00	09/18/2000	$200.00
C. Gary Souza 1370 Valley Vista Dr Apt 145 Diamond Bar, CA 91765-3921 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $400.00	09/18/2000	$200.00
D. Jeremy Stillwell 603 Colonial Drive Lake Charles, LA 70611-5364 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/27/2000	$50.00
E. Laura Sugars 1020 Georgia St SE Albuquerque, NM 87108-4950 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/25/2000	$50.00
F. George Walt 308 Robertson Drive Belle Vernon, PA 15012-9802 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	OSPTA, Inc. Physical Therapist Aggregate Year-to-Date -> $250.00	09/14/2000	$250.00
G. Francis Welk 94 Hemlock Lane Bloomsburg, PA 17815-9139 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Susquehanna PT Physical Therapist Aggregate Year-to-Date -> $500.00	09/29/2000	$500.00

SUBTOTAL of Receipts This Page (optional)	$1450.00
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)

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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. John Willmore 611 Indiana Ave Trinidad, CO 81082-3130 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $500.00	09/12/2000	$500.00
B. Flora Woolfolk 17203 James Madison Hwy Gordonsville, VA 22942-8519 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-Employed Physical Therapist Aggregate Year-to-Date -> $200.00	09/21/2000	$25.00
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	/ /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	/ /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	/ /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	/ /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	/ /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$525.00
TOTAL This Period (last page this line number only)	$5925.00

SCHEDULE A | **ITEMIZED RECEIPTS**

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

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 SunTrust Bank Old Town Branch King Street Alexandria, VA 22314- Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period $948.80
			$6751.10
B. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$948.80
TOTAL This Period (last page this line number only)	$948.80

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berkley 2000 64 Quiet Desert Lane Henderson, NV 89014-	Contr. to Rep. Berkley, NV-1 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Kennedy for Senate c/o Melissa Maxfield 424 C Street, NE, First Floor Washington, DC 20002-	Contr. to Senator Kennedy, MA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/06/2000	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Texans for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contr. to Rep. Bonilla, TX-23 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$500.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Re-Elect Nancy L. Johnson to Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contr. to Rep. N. Johnson, CT-5 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carnahan for Senate Committee P.O. Box 4708 St. Louis, MO 63108-	Contr. to Cand. Carnahan, MO Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$2000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Carolyn McCarthy P.O. Box 190 Mineola, NY 11501-	Contr. to Rep. C. McCarthy, NY-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$500.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310-	Contr. to Rep. Ganske, IA-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/20/2000	$500.00

SUBTOTAL of Disbursements This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

One 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
Price for Congress Committee P.O. Box 1986 Raleigh, NC 27609-	Contr. to Rep. David Price, NC-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/01/2000	$500.00
A Lot of People for Dave Obey P.O. Box 75214 Washington, DC 20013-	Contr. to Rep. Dave Obey, WI-7 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
Frist 2000 425 Second Street, NE Washington, DC 20002-	Contr. to Senator Frist, TN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
Citizens for Tom Harkin 426 C Street, NE Washington, DC 20002-	Contr. to Senator Harkin, IA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/06/2000	$500.00
Citizens for Tom Harkin 426 C Street, NE Washington, DC 20002-	Contr. to Senator Harkin, IA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/06/2000	$1500.00
Upton for All of Us P.O. Box 490 St Joseph, MI 49085-	Contr. to Rep. Upton, MI-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$500.00
Friends of Lois Capps 38 Ivy Street Washington, DC 20003-	Contr. to Rep. Capps, CA-22 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00

SUBTOTAL of Disbursements This Page (optional)	$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740-	Contr. to Rep. Frank Pallone, NJ-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Cliff Stearns P.O. Box 308 Reddick, FL 32686-	Contr. to Rep. Stearns, FL-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Re-Elect Brian Bilbray for Congress 1307 9th Street Imperial Beach, CA 91932-	Contr. to Rep. Bilbray, CA-49 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$500.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Cte. to Re-Elect Cong. Chris Smith P.O. Box 3184 Hamilton, NJ 08619-	Contr. to Rep. Chris Smith, NJ-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$125.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nadler for Congress 18 East 16th Street, #401 New York, NY 10003-	Contr. to Rep. Nadler, NY-8 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$500.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John D. Dingell for Congress Cte. P.O. Box 75214 Washington, DC 20013-5214	Contr. to Rep. John Dingell, MI-16 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$2000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Ross for Congress Committee P.O. Box 360 Prescott, AR 71857-	Contr. to Cand. Mike Ross, AR-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$2000.00

SUBTOTAL of Disbursements This Page (optional)	$7125.00
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

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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. Kuykendall Congressional Cte. 21311 Hawthorne Blvd. Suite 107 Torrance, CA 90503-	Contr. to Rep. Kuykendall, CA-36 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
B. Eleanor Jordan for Congress P.O. Box 21151 Louisville, KY 40221-	Contr. to Cand. Jordan, KY-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/06/2000	$1000.00
C. Ferguson for Congress P.O. Box 4205 Warren, NJ 07059-	Contr. to Cand. Ferguson, NJ-7 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/06/2000	$500.00
D. Porter Goss Reelection Team P.O. Box 517 Fort Myers, FL 33902-	Contr. to Rep. Goss, FL-14 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
E. Coulson Campaign Committee P.O. Box 2344 Glenview, IL 60025-	Contr. to State Rep. Coulson, IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
F. Zell Miller for Senate 110B East Broad Street Falls Church, VA 22046-	Contri. to Senator Zell Miller, GA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00
G. Adam Putnam for Congress 1707 Prince Street #6 Alexandria, VA 22314-	Contr. to Cand. Adam Putnam, FL-12 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/19/2000	$1000.00

SUBTOTAL of Disbursements This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

One 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. Dick Armey Campaign Committee 4451 Brookfield Corporate Drive #200 Chantilly, VA 20151-	Contr. to Rep. Armey, TX-26 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$500.00
B. Wally Herger for Congress P.O. Box 16021 Alexandria, VA 22302-	Contr. to Rep. Herger, CA-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
C. Hoeffel for Congress 700 East Johnson Highway Norristown, PA 19401-	Contr. to Rep. Hoeffel, PA-13 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
D. Nelson for Senate 110B East Broad Street Falls Church, VA 22046-	Contr. to Cand. Bill Nelson, FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
E. Boucher for Congress Committee 195 Park Street P.O. Box 2000 Abingdon, VA 24210-	Contr. to Rep. Boucher, VA-9 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/26/2000	$1000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4500.00
TOTAL This Period (last page this line number only)	$30625.00

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 (R/C) 10/18/00
☐	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	

CR — PREPARER

10/20/00 — DATE PREPARED

(6/2000)