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)
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

RECEIVED FEDERAL ELECTION COMMISSION
MAY 23 11 58 AM '94

2. FEC IDENTIFICATION NUMBER
C 00012860

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 4/01/94 through 4/30/94		
6. (a) Cash on Hand January 1, 1994		$ 51,851.52
(b) Cash on Hand at Beginning of Reporting Period	$ 111,895.02	
(c) Total Receipts (from Line 19)	$ 16,320.00	$ 111,163.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 128,215.02	$ 163,015.02
7. Total Disbursements (from Line 30)	$ 15,500.00	$ 50,300.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 112,715.02	$ 112,715.02
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
R. Charles Harker

Signature of Treasurer
R. Charles Harker

Date
5/20/94

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)

2 4 0 3 9 0 0 6 0 6

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

(revised 1/1/91)

NAME OF COMMITTEE: American Physical Therapy Congressional Action Committee

REPORT COVERING PERIOD FROM 4/01/94 TO 5/01/94

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)	7,400.00	56,075.00
ii. Unitemized	8,920.00	54,088.50
iii. Total (add i and ii) ➤	16,320.00	110,163.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	16,320.00	110,163.50
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	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,320.00	111,163.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,320.00	111,163.50
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	15,500.00	50,300.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,500.00	50,300.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,500.00	50,300.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	16,320.00	110,163.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,320.00	110,163.50
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

2413900507

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)

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. Ralph Appell 28011 CM Santo Domingo San Juan Capistrano, CA 92675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	San Clemente Physical Therapy Physical Therapist Aggregate Year-to-Date $ 250.00	4/13/94 4/29/94	50.00 50.00
B. Mary Archer 6522 Aintree Place Indianapolis, IN 46250-4422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Physical Therapists Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
C. William Bell 3 Brookside Court Scotch Plains, NJ 07076-2647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Rehabilitation & Sports Medicine Physical Therapist Aggregate Year-to-Date $ 200.00	4/22/94	200.00
D. Richard Bowling 5119 Cole Road Murrysville, PA 15668-9408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McKey Sports Physical Therapist Aggregate Year-to-Date $ 200.00	4/22/94	200.00
E. Denise Cote 4 Meadowlake Drive Huntington, CT 06484-2973 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	50.00
F. Sue Dalrymple 1302 Fourth Avenue Asbury Park, NJ 07712-4942 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Shore Orthopedic & Athletic Rehabilitation Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
G. Donald Gale 826 West Alosta Avenue Glendora, CA 91740-4135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physical Therapy & Sports Rehabilitation, Inc. Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00

SUBTOTAL of Receipts This Page (optional) 1,150.00

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

9 1 3 9 0 0 5 0 8

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 6

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)

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. Cathy Garcia Valley Physical Therapy Rehabilitation 811 West Yakima Avenue, Suite 105 Yakima, WA 98902-3048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley Physical Therapy Rehabilitation Physical Therapist Aggregate Year-to-Date $ 200.00	4/22/94	100.00
B. Ernest Geiger P.O. Box 211, 109 Willapa South Bend, WA 98586 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Physical Therapy & Sports Rehabilitation, Inc. Physical Therapist Aggregate Year-to-Date $ 250.00	4/13/94	250.00
C. Robert Goldstein 600 West North Boulevard, Suite D Leesburg, FL 34748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Center for Orthopedics & Rehabilitation Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
D. Estelle Greive 4324 West Orchard Avenue Visalia, CA 93277 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tulare District Hospital Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
E. Robert Henderson 1530 6th Avenue SE Decatur, AL 35601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/22/94	50.00
F. Kay Hesse 3210 Sheridan Boulevard Lincoln, NE 68502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
G. Bob Hill 802 Rocker Road Crowfordville, GA 30631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Savanah Valley Rehabilitation Center Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00

SUBTOTAL of Receipts This Page (optional)	1,200.00
TOTAL This Period (last page this line number only)	

9 4 0 3 9 0 0 0 5 0 9

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 6

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)

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. Marcia Hodge 26 Meadowood Laguna Hills, CA 92656 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corona Del Mar Rehabilitation Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	50.00
B. Phillip Hofmeisterr 515 Viking Drive Pleasant Hill, CA 94523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Permanente Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94	100.00
C. Cynthia Iwata 1459 Ala Hekili Place Honolulu, HI 96819 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interm Health Care Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94 4/29/94	50.00 50.00
D. Glenda Key Key Functional Assessments Inc. 1010 Park Avenue Minneapolis, MN 55404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Key Functional Assessments Inc. Occupation: Physical Therapist Aggregate Year-to-Date $ 500.00	4/13/94	500.00
E. Marsha Klugerman 434 Palermo Avenue Coral Gables, FL 33134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physio-Therapy Associates DBA Rehabilitation Associates Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00
F. Thomas Lorren 3712 Ben Hogan Drive Longview, TX 75605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Restore Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date $ 500.00	4/22/94	500.00
G. Nelda Majors P.O. Box 79789 Houston, TX 77279 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Occupation: Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

9 1 0 3 9 0 0 0 5 1 0

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 16

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)

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. Karen Moran 12112 Hollyglen Place Studio City, CA 91604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self employed Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/22/94	50.00
B. Harry Nafpliotis 15 Rising Ridge Road Upper Saddle River, NJ 07458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Physical Therapy Center of Teaneck Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	4/22/94	250.00
C. Jack O'Dell - O'Dell Physical Therapy Suite 440 9055 Katy Freeway Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: O'Dell Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/29/94	200.00
D. Lillian Otten 1755 East Plumb Lane, Apartment 200 Reno, NV 89502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nevada Rehabilitation Services Corp. Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/13/94	200.00
E. Theodore Pastalan 806 North Street & Cleveland Avenue Endicott, NY 13760 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self employed Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/29/94	200.00
F. Frederick Plessner 15425 Saddleback Drive Canyon Country, CA 91351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Joeseph Medical Center Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/29/94	200.00
G. Francis Pottenger 9722 Midwalk Drive San Antonio, TX 78230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self employed Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/13/94	200.00

SUBTOTAL of Receipts This Page (optional) 1,300.00

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

3 4 0 3 9 0 0 5 1 1

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 6

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)

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. John Prandini 6061 North First Street, Suite 102 Fresno, CA 93710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94	200.00
B. David Reenders San Clemente Physical Therapy 647 Camino De Los Mares #111 San Clemente, CA 92673 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	San Clemente Physical Therapy Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94	200.00
C. David Roum HCR 82 Box 5229 Middletown, CA 95461 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94	200.00
D. Ray Rulli 15805 Beaver Run Road Santa Clarita, CA 91351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	50.00
E. George Schoenstein 1239 Westwood Street Redwood City, CA 94061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BAK Physical Therapy Physical Therapy Aggregate Year-to-Date $ 200.00	4/13/94	100.00
F. Stephen Spencer 3435 Harrison Road Ogden, UT 84403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Felt-Spencer Physical Therapy Physical Therapist Aggregate Year-to-Date $ 200.00	4/13/94	200.00
G. David Sullivan 1704 Shirl Lane Cedaredge, CO 81413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta County Memorial Physical Therapist Aggregate Year-to-Date $ 200.00	4/29/94	200.00

SUBTOTAL of Receipts This Page (optional)	1,150.00
TOTAL This Period (last page this line number only)	

9 4 0 3 9 0 0 0 5 1 2

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

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)

American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Tison 1415 Cordova Avenue Glendale, CA 91207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/13/94	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Iollefson 14511 183rd. Avenue NE Woodinville, WA 98072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Seattle Pro Sports Therapy Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/13/94	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Weis 58 Salem Court Metuchen, NJ 08840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self employed Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/29/94	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Wiley 2060 Overland Avenue Billings, MT 59102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Billings Clinic Physical Rehabilitation Center Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	4/13/94	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeanette Winfree 1810 Tremont Galveston, TX 77550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physical Therapy Services Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	4/29/94	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Winklesky 115 Randall Court Oregon City, OR 97045 Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Oregon City Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date > $ 300.00	4/13/94	100.00
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) 950.00

TOTAL This Period (last page this line number only) 7,400.00

3 4 0 3 9 0 0 5 1 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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)

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. Peter Hoagland for Congress Committee Patton, Boggs & Blow 2550 M Street NW Washington, DC 20037	Peter Hoagland (H-NE-2nd) 1,000 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/12/94	1,000.00
B. Committee for Sam Gibbons P.O. Box 2884 Washington, DC 20013	Sam Gibbons (H-FL-11th) 500 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/12/94	500.00
C. Lehman for Congress Committee 555 New Jersey Avenue NW Suite 201 Washington, DC 20001	Richard Lehman (H-CA-19th) 500 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/12/94	500.00
D. Klug for Congress Inc. P.O. Box 5619 Madison, WI 53705	Scott Klug (H-WI-2nd) 1,000 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/12/94	500.00
E. Democratic Congressional Dinner Committee P.O. Box 2884 Washington, DC 20013	Contribution 6,000 Disbursement for: [ ] Primary [ ] General [XX] Other (specify)	4/12/94	6,000.00
F. Rangel for Congress 2030 Allen Place NW Washington, DC 20009	Charles Rangel (H-NY-15th) 1,000 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/12/94	1,000.00
G. Bill Wheeler for Congress P.O. Box 15014 Washington, DC 20003	Bill Wheeler (H-MS-1st) 1,000 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
H. Earl Pomeroy for Congress 555 New Jersey Avenue NW Suite 201 Washington, DC 20001	Earl Pomeroy (H-ND-At Large) 500 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
I. The Reed Committee P.O. Box 8628 Cranston, RI 02920	Jack Reed (H-RI-2nd) 500 Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	4/25/94	500.00

SUBTOTAL of Disbursements This Page (optional) 11,000.00

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

9 4 0 3 9 0 0 5 1 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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)

American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Johnson of South Dakota P.O. Box 117 Mount Vernon, VA 22121	Tim Johnson (H-SD-At Large) 1,000 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/25/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Unsoeld Campaign c/o Steve Mates 320 Indiana Avenue SE Washington, DC 20003	Jolene Unsoeld (H-WA-3rd) 1,000 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Kreidler for Congress P.O. Box 1496 Washington, DC 20013	Mike Kreidler (H -WA-9th) 1,000.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lancaster for Congress Committee P.O. Box 990 Washington, DC 20044	H. Martin Lancaster (H-NC-3rd) 500.00 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Joe Kennedy 507 Capitol Street NE Suite 100 Washington, DC 20002	Joseph Kennedy (H-MA-8th) 500 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stokes for Congress Committee P.O. Box 66364 Washington, DC 20035	Louise Stokes (H-OH-11th) 500 Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/25/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sandy Sands for Congress P.O. Box 1796 Reidsville, NC 27323	Sandy Sands (H-NC- 1st) 500. Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	4/27/94	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) 4,500.00

TOTAL This Period (last page this line number only) 15,500.00

2 4 0 3 9 0 0 3 6 1 5

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 5-20-94
☐	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

SEG.
PREPARER

5-23-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 0 0 0 6 1 6