SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 (Last, First, Middle Initial): Friends of Lois Capps
Mailing Address: 98 Ivy Street, SE
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. CAPPS CA-23 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2006 X Primary General / Other (specify)
Transaction ID: 51017.E2021
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. CAPPS CA-23 (H)

B.
Full Name (Last, First, Middle Initial): ALot of People Who Support Jeff Bingaman
Mailing Address: P.O. Box 2048
City: Albuquerque State: NM Zip Code: 87102-
Purpose of Disbursement: CONTR. TO SEN. BINGAMAN NM (S)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2006 X Primary General / Other (specify)
Transaction ID: 51017.E2015
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00
CONTR. TO SEN. BINGAMAN NM (S)

C.
Full Name (Last, First, Middle Initial): Bill Thomas Campaign Committee
Mailing Address: P.O. Box 385
City: Bakersfield State: CA Zip Code: 93302-
Purpose of Disbursement: CONTR. TO REP. THOMAS CA-22 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2006 X Primary General / Other (specify)
Transaction ID: 51017.E2048
Date of Disbursement: 09 / 28 / 2005
Amount of Each Disbursement this Period: 2000.00
CONTR. TO REP. THOMAS CA-22 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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