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)
C00012880 120493 p 248
PAMELA PHILLIPS
PHYSICAL THERAPY POLITICAL ACT
ION COMMITTEE (PT-PAC)
1111 NORTH FAIRFAX STREET
ALEXANDRIA VA 22314

FEB 4 2 33 PM '96

2. FEC IDENTIFICATION NUMBER

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 12/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 1995		$483,964.13
(b) Cash on Hand at Beginning of Reporting Period	$ 412,275.86	
(c) Total Receipts (from Line 19)	$ 34,901.50	$601,110.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 447,177.36	$1,085,074.88
7. Total Disbursements (from Line 30)	$ 10,550.00	$648,447.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 436,627.36	$436,627.36
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
Pamela Phillips

Signature of Treasurer
Pamela Phillips

Date
1/30/96

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)

FE5AN065

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$3,475.00	$137,202.50	11(a)(i)
ii. Unitemized	30,426.50	462,908.25	11(a)(ii)
iii. Total (add i and ii) ➤	33,901.50	600,110.75	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	33,901.50	600,110.75	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	34,901.50	601,110.75	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	34,901.50	601,110.75	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	—0—	$332,722.52	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—0—	332,722.52	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$10,500.00	315,200.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	50.00	525.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	50.00	525.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,550.00	648,447.52	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,550.00	648,447.52	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$33,901.50	$600,110.75	32
33. Total Contribution Refunds (from line 28d)	50.00	525.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	33,851.00	599,610.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	--0--	332,722.52	35
36. Offsets to Operating Expenditures (from line 15)	--0--	--0--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	--0--	332,722.52	37

FE5AN006

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. Gregory Belcher 216 N. 2nd Street Amite, LA 70422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunshine Rehab. Svcs. Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$100.00
B. Diane Bell 11352 Ruggiero Avenue Lakeview Terrace, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independent Contractor Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$200.00
C. Carol Bettendorf 527 North Avenue Lake Bluff, IL 60004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$200.00
D. Janet Bezner 11402 June Drive Austin, TX 78753 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Texas Univ. Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$50.00
E. Robert Bolinger 7220 Holmes Island Rd SE Olympia, WA 98503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Peters Hospital Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$50.00
F. Michael Caruso 118 Rosewood Avenue #2 Catonsville, MD 21228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rehability Corp. Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$50.00
G. Eileen Catala 23 Culver Court Melville, NY 11747 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$100.00

SUBTOTAL of Receipts This Page (optional)	$750.00
TOTAL This Period (last page this line number only)	

FE5AN068

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. Adrienne Cumberbatch-Grier 1305 Marlborough Avenue Plainfield, NJ 07060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/22/95	$100.00
B. Stephen Dressler 1366 30th Avenue Vero Beach, FL 32960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/26/95	$100.00
C. Pamela Duffy 2833 J Avenue Adel, IA 50003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Member, APTA Board of Directors Occupation: Physical Therapist Aggregate Year-to-Date > $ 500.00	12/15/95	$500.00
D. Sydney Farris 6900 Edgewater Drive Oklahoma City, OK 73116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sundance Rehabilitation Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	12/5/95	$50.00
E. Stephen Flies 1320 North Winston Avenue Tulsa, OK 74115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northeast OK Rehab Hospital Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/22/95	$75.00
F. Diane Funk 4450 Sigma Road #120 Dallas, TX 75244 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/26/95	$50.00
G. Karen Gallagher 707 North Taylor Pierre, SD 57501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Mary's Health Care Center Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	12/26/95	$50.00

SUBTOTAL of Receipts This Page (optional) $925.00

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

FE5AN066

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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. Grace Hansen 69-29B 213 Street Bayside, NY 11364 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New York Board of Education Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/5/95	$50.00
B. Linda Harty 2506 White Horse Trail Austin, TX 78757 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CMS Therapies Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$100.00
C. Eugene Inagaki 4335 Park Fortuna Calabasas, CA 91302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$150.00
D. Janna Jacobs 8A Tyler Falls Court Baltimore, MD 21209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Team Rehab Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$100.00
E. James Jennings 6611 King John Court Indianapolis, IN 46227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physical Medicine Associates Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$50.00
F. William Lurty 921 Columbia Avenue Grove City, PA 16127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TMS PT Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$50.00
G. Carol Miller 4755 Crazy Horse Lane Westerville, OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbus Rehab Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$50.00

SUBTOTAL of Receipts This Page (optional)	$550.00
TOTAL This Period (last page this line number only)	

FE5AN055

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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. Michelle Morris 4204 Heathmoor Court Lexington, KY 40514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lexington PT Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$50.00
B. Terrence Nordstrom 4015 Heron Place Fremont, CA 94555 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physiotherapy Assoc. Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$100.00
C. Jessica Pagkatipunan 2805 Emerbers Lane Arlingotn Heights, IL 60005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TRS PT Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$50.00
D. David Penn 342 Eden Drive Longview, TX 75605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Restore PT Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/26/95	$100.00
E. M. Jay Platt 7502 Vista Ridge Court Garland, TX 75044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Dallas PT Associates Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/5/95	$50.00
F. Anita Santasier 52 LeBrun Avenue Amityville, NY 11701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	State University of New York Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/22/95	$200.00
G. Robert Shoemake 3209 Brookwood Road Birmingham, AL 35223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vulvan Rehab Services Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	12/5/95	$50.00

SUBTOTAL of Receipts This Page (optional) $600.00

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

FE5AN066

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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. Stephen Siebel 11628 Camphor Way Seminole, FL 34642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Siebel Rehab Services Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/22/95	$50.00
B. Cynthia Skiles 601 Tower Road Hurricane, WV 25526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tayes PT Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/22/95	$50.00
C. James Spence 81 Sunnymede Drive Fort Mitchell, KY 41017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Rehab Group Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	12/26/95	$100.00
D. John Swinson 4010 Whitfield Circle Anchorage, AK 99507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	3rd Medical Group -- U.S. Air Force Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/22/95	$50.00
E. Patti Taira 490 Laukapa Street #8 Hilo, HI 96720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arakaki PT Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/26/95	$50.00
F. Chris Throneberry 9 Lexington Drive Conway, AR Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/26/95	$150.00
G. David Woodbury 2301 Forest View Lane Anacortes, WA 98221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	12/26/95	$200.00

SUBTOTAL of Receipts This Page (optional) $650.00

TOTAL This Period (last page this line number only) $3,475.00

FE5AND66

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

Physical Therapy Political Action Committee (PT-PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Tennesseans for Thompson 1808 West End Avenue #901 Nashville, TN 37203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Re: Refund of contribution Occupation Aggregate Year-to-Date $ 0	12/28/95	$1,000.00
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) .....

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

FEM/NONE

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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
The Freedom Project PO Box 507 West Chester, OH 45071	Leadership PAC for John Boehner (H-OH) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12/8/95	$3,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Brown for Congress 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown (H-OH) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/8/95	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
McCrery for Congress PO Box 4650 Shreveport, LA 71134	Jim McCrery (H-LA) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/8/95	$500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
The Grassley Committee P.O. Box 6193 Alexandria, VA 22306	Charles Grassley (S-IA) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/14/95	$2,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Sam Johnson PO Box 516145 Dallas, TX 75251	Sam Johnson (H-TX) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/14/95	$2,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Strickland for Congress 10700 McCall Road Georgetown, OH 45121	Ted Strickland (H-OH) Disbursement for: [XX] Primary [ ] General [ ] Other (specify)	12/21/95	$500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Wyden for Senate P.O. Box 12473 Portland, OR 97212	Ron Wyden (S-OR) Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	12/21/95	$2,000.00
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) $10,500.00

TOTAL This Period (last page this line number only) $10,500.00

FE6ANO96

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 28 (a)

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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
Michael Lieberstein 623 Jarvis Avenue Far Rockaway, NY 11691	Refund of Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/18/95	$50.00
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
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) $50.00

FE5AH068

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 2-1-96
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