REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 26 1 23 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Physical Therapy Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1111 North Fairfax Drive

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00012880

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 1/1/96 through 1/31/96		
6. (a) Cash on Hand January 1, 19____		$ 436,627.36
(b) Cash on Hand at Beginning of Reporting Period	$ 436,627.36	
(c) Total Receipts (from Line 19)	$ 10,234.17	$ 10,234.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 446,861.53	$ 446,861.53
7. Total Disbursements (from Line 30)	$ 39,125.00	$ 39,125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 407,736.53	$ 407,736.53
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
2/20/96

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)

4-00173

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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 1/1/96 TO: 1/31/96

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)	$600.00	$600.00	11(a)(i)
ii. Unitemized	9,634.17	9,634.17	11(a)(ii)
iii. Total (add i and ii) ➤	10,234.17	10,234.17	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) ➤	10,234.17	10,234.17	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			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) ➤	10,234.17	10,234.17	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,234.17	10,234.17	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$39,000.00	$39,000.00	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	125.00	125.00	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) ➤	125.00	125.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	39,125.00	39,125.00	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	39,125.00	39,125.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$10,234.17	$10,234.17	32
33. Total Contribution Refunds (from line 28d)	125.00	125.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,109.17	10,109.17	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	--0--	--0--	35
36. Offsets to Operating Expenditures (from line 15)	--0--	--0--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	--0--	--0--	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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. Paula Nakamatsu 1416 W. 148th Street Gardena, CA 90247 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Memorial Medical Center Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	1/15/96	$200.00
B. Adetoyeje Oyeyemia 1134 E. 99th Street Brooklyn, NY 11236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SUNY Healthside Center Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	1/04/96	$200.00
C. Jeffrey Scott 1028 72nd Street NW Brandenton, FL 34209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Progressive Rehab Occupation: Physical Therapist Aggregate Year-to-Date: $200.00	1/15/96	$200.00
D. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Physical Therapist Aggregate Year-to-Date: $		
E. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Physical Therapist Aggregate Year-to-Date: $		
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Physical Therapist Aggregate Year-to-Date: $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Physical Therapist Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$600.00
TOTAL This Period (last page this line number only)	$600.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	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. National Republican Congressional Committee 320 1st St. SE Washington, DC 20003	Contribution NRCC Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/3/96	$6,000.00
B. Republican National Committee Majority Fund 310 1st. St. SE Washington, DC 20003	Contribution RNC Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/3/96	$15,000.00
C. Democratic Senatorial Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Contribution DSCC Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/18/96	$15,000.00
D. People for Pete Domenici P.O. Box 2206 Albuquerque, NM 87103	Senator Domenici (NM) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	1/24/96	$1,000.00
E. Ben Cardin for Congress 38 Ivy Street SE Washington, DC 20003	Rep. Cardin (MD) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	1/24/96	$500.00
F. Riggs for Congress P.O. Box 16021 Alexandria, VA 22302	Rep. Frank Riggs (CA) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	1/24/96	$500.00
G. Paxon for Congress P.O. Box 69[illegible] Victor, NY 14564	Rep. Bill Paxon (NY) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	1/24/96	$1,000.00
H.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$39,000.00
TOTAL This Period (last page this line number only)	$39,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28(a)

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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. Denise Gerard 13 Fountain Drive #4 Lakewood, NJ 08701	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/18/96	$50.00
B. Michelle Pipke 3637 W. Charleston Drive Glendale, AZ 85308	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/18/96	$50.00
C. Barbara Merrill 12128 Marilla Drive Saratoga, CA 95070	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/18/96	$25.00
D.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$125.00
TOTAL This Period (last page this line number only)	$125.00

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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.

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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 2-26-96

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

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