05/27/2004 11 : 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

Physical Therapy Political Action Committee

ADDRESS (number and street) ▼ 1111 North Fairfax Street

Check if different than previously reported. (ACC)

Alexandria | VA | 22314

2. **FEC IDENTIFICATION NUMBER** ▼ C00012880

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 03 01 2004 through 03 31 2004

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 Dave Mason

Signature of Treasurer Electronically Filed by Dave Mason Date 05 27 2004

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Physical Therapy Political Action Committee

Report Covering the Period: From: 03 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		342546.21
(b) Cash on Hand at Begining of Reporting Period	324026.12	
(c) Total Receipts (from Line 19)	28443.48	99864.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	352469.60	442413.19
7. Total Disbursements (from Line 31)	64000.00	153943.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	288469.60	288469.60
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From: 03 01 2004 To: 03 31 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10566.34	
(ii) Unitemized	17805.66	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	28372.00	99657.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	28372.00	99657.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	71.48	207.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28443.48	99864.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28443.48	99864.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	17.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	17.22
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	64000.00	153926.37
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	64000.00	153943.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	64000.00	153943.59

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28372.00	99657.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28372.00	99657.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	17.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	17.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
David Apts
Mailing Address 140 Cheshire Lane
City: Ashland State: KY Zip Code: 41102-7405
FEC ID number of contributing federal political committee: C
Name of Employer: Premier Physical Therapy
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 03 10 2004
Transaction ID: 0319200439C90359
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Diane Berickman
Mailing Address 402 Vista De La Playa
City: Santa Barbara State: CA Zip Code: 93109-1701
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.02

Date of Receipt: 03 23 2004
Transaction ID: 0412200426C90678
Amount of Each Receipt this Period: 83.34
Receipt

C.
Full Name (Last, First, Middle Initial)
Scott Birmingham
Mailing Address 5825 W 63rd Street Apt 3W
City: Chicago State: IL Zip Code: 60638-5452
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist Assistant
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 23 2004
Transaction ID: D4122D0426C90680
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 433.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Keith Blasingame
Mailing Address ProActive Physical Therapy Centers
10223 W Broadway Suite B
City: Pearland State: TX Zip Code: 77584-7881
FEC ID number of contributing federal political committee: C
Name of Employer: ProActive Physical Therapy Cen
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200439C90310
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Stephen Campbell
Mailing Address 2103 Bay Club Dr
City: Arlington State: TX Zip Code: 76013-5207
FEC ID number of contributing federal political committee: C
Name of Employer: Onsite Rehab Services
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90258
Amount of Each Receipt this Period: 100.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Steven Dassbaum
Mailing Address 62944 Sunset Drive
City: Nevada State: IA Zip Code: 50201-7947
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90270
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Jack Close
Mailing Address: Jack D Close and Associates, 3650 S Eastern Ave Ste 100
City: Las Vegas State: NV Zip Code: 89109-3345
FEC ID number of contributing federal political committee: C
Name of Employer: Jack D Close and Associates
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 535.00
Date of Receipt: 03 23 2004
Transaction ID: 0412200426C90656
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Thomas DiAngelis
Mailing Address: 5230 Kings Mills Rd
City: Mason State: OH Zip Code: 45040-2319
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90268
Amount of Each Receipt this Period: 100.00
Receipt

C.
Full Name (Last, First, Middle Initial): Frank Fantazzi
Mailing Address: 4720 Lincrest Dr
City: Brookfield State: WI Zip Code: 53045-1123
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90262
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Pauline Flesch
Mailing Address: Clarian Health Partners, 1701 N. Senate Ave.
City: Indianapolis State: IN Zip Code: 46202-5306
FEC ID number of contributing federal political committee: C
Name of Employer: Clarian Health Partners
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 30 2004
Transaction ID: 0412200427C90838
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert Frank
Mailing Address: 30 Morgan Road
City: East Greenbush State: NY Zip Code: 12061-9601
FEC ID number of contributing federal political committee: C
Name of Employer: River City Physical Therapy
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 03 2004
Transaction ID: 0319200438C90195
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Kathleen Gallce-Devine
Mailing Address: 4141 S Tamiami Trail
City: Sarasota State: FL Zip Code: 34231-3800
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90267
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Paul Gasper
Mailing Address: 780 Garden View Ct
City: Encinitas State: CA Zip Code: 92024-2464
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200439C90317
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Patrick Graham
Mailing Address: Po Box 8069
City: Columbus State: GA Zip Code: 31909-3526
FEC ID number of contributing federal political committee: C
Name of Employer: Rehab Services of Columbus
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 624.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90279
Amount of Each Receipt this Period: 208.00
Receipt

C.
Full Name (Last, First, Middle Initial): Jennie Gregory
Mailing Address: 1002 Abercorn Place
City: Sherwood State: AR Zip Code: 72120-6502
FEC ID number of contributing federal political committee: C
Name of Employer: St. Vincent Health System
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 03 30 2004
Transaction ID: D4122D0427C90811
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 558.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Jeanine Gunn
Mailing Address 867D Loveland-Miamiville Rd
City: Loveland State: OH Zip Code: 45140-8732
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 235.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200439C90311
Amount of Each Receipt this Period: 100.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Connie Hauser
Mailing Address Kentucky Physical Therapy & Rehab. 105 Liberty St
City: Barbourville State: KY Zip Code: 40906-5029
FEC ID number of contributing federal political committee: C
Name of Employer: Kentucky Physical Therapy & Re
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 03 30 2004
Transaction ID: 0412200427C90837
Amount of Each Receipt this Period: 2500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Belinda Hays
Mailing Address PO Box 1192
City: Seymour State: IN Zip Code: 47274-3792
FEC ID number of contributing federal political committee: C
Name of Employer: Progressive PT
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90261
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Judith Hickes
Mailing Address 111 Rothsville Station Road
City: Lititz State: PA Zip Code: 17543-8882
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90259
Amount of Each Receipt this Period: 100.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Darel Judy
Mailing Address 7447 Cambridge Unit 38
City: Houston State: TX Zip Code: 77054-2027
FEC ID number of contributing federal political committee: C
Name of Employer: Methodist Hospital
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 15 2004
Transaction ID: 0319200439C90381
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Maureen Kewaler
Mailing Address 6529 N Braeburn Lane
City: Glendale State: WI Zip Code: 53209-3323
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 03 09 2004
Transaction ID: 03192D0439C903D5
Amount of Each Receipt this Period: 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Craig Kopet
Mailing Address: Highline PT & Sports Clinic, 16259 Sylvester Road SW 102
City: Seattle State: WA Zip Code: 98166-3094
FEC ID number of contributing federal political committee: C
Name of Employer: Highline PT & Sports Clinic
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 17 2004
Transaction ID: 0319200439C90384
Amount of Each Receipt this Period: 100.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 1700 Lafayette NE
City: Albuquerque State: NM Zip Code: 87106-1004
FEC ID number of contributing federal political committee: C
Name of Employer: Langford Consulting
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 02 2004
Transaction ID: 0319200438C90180
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Dennis Langton
Mailing Address: E&L Associates Physical Therapy, 727 Live Oak Drive
City: El Cajon State: CA Zip Code: 92020-5633
FEC ID number of contributing federal political committee: C
Name of Employer: E&L Associates Physical Therap
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 370.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90260
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Craig Legacy
Mailing Address: Rancho Santa Margarita PT, 29609 Santa Margarita Pkwy
City: Rancho Santa Marga | State: CA | Zip Code: 92688-3609
FEC ID number of contributing federal political committee: C
Name of Employer: Rancho Santa Margarita PT
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200436C90271
Amount of Each Receipt this Period: 100.00
Receipt

B.
Full Name (Last, First, Middle Initial): Kenneth Mengel
Mailing Address: 9827 Estrella Ave
City: Temple City | State: CA | Zip Code: 91780-1417
FEC ID number of contributing federal political committee: C
Name of Employer: Fortanasce & Associates
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 09 2004
Transaction ID: 0319200436C90280
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Craig Milham
Mailing Address: 3817 Brittany Drive
City: Jackson | State: MO | Zip Code: 63755-3788
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 17 2004
Transaction ID: 0319200439C90410
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 475.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Michael OKelley
Mailing Address 1519 132nd St SE Suite A
City: Everett State: WA Zip Code: 98208-7203
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90266
Amount of Each Receipt this Period: 100.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Deborah Reed
Mailing Address Advanced Rehab Incorporated
1020 C 11th Street
City: Tell City State: IN Zip Code: 47586-2130
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Rehab Incorporated
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90273
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Nancy Reese
Mailing Address 3335 Chimney Rock
City: Conway State: AR Zip Code: 72034-3314
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Central Arkansas
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 09 2004
Transaction ID: 0319200438C90250
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Ruthann Roesch
Mailing Address 44125 Rcr 46B
City: Steamboat Spr State: CO Zip Code: 80487-9525
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 30 2004
Transaction ID: 0412200427C90639
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Babette Sanders
Mailing Address Northwestern University
Dept of PT & Human Movement Scienc
City: Chicago State: IL Zip Code: 60611-2877
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern University
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 705.00
Date of Receipt: 03 23 2004
Transaction ID: 0412200426C90674
Amount of Each Receipt this Period: 200.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Jon Schnapel
Mailing Address Cascade Physical Therapy
19201 SE Division Street
City: Gresham State: OR Zip Code: 97030-5227
FEC ID number of contributing federal political committee: C
Name of Employer: Cascade Physical Therapy
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 03 17 2004
Transaction ID: D3192D0439C903B6
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Kelly Shinell
Mailing Address 107 Lakeway Dr
City: Oxford State: MS Zip Code: 38655-9665
FEC ID number of contributing federal political committee. C
Name of Employer: Cornerstone Rehab
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 22 2004
Transaction ID: 0412200426C90531
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Patricia Sinnott
Mailing Address 32 Mesa Avenue
City: San Francisco State: CA Zip Code: 94116-1455
FEC ID number of contributing federal political committee. C
Name of Employer: Pacific Busi. Group on Health
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 23 2004
Transaction ID: 0412200426C90661
Amount of Each Receipt this Period: 100.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Grace Walker
Mailing Address Walker Physical Therapy
1111 W Town and Country Road Ste 1
City: Orange State: CA Zip Code: 92868-4635
FEC ID number of contributing federal political committee. C
Name of Employer: Walker Physical Therapy
Occupation: Physical Therapist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 03 09 2004
Transaction ID: D3192D0438C90264
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

TOTAL This Period (last page this line number only) ..... ▶ **10566.34**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 37
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address Old Town Branch
King Street

City: Alexandria
State: VA
Zip Code: 22314-

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
207.90

Date of Receipt
03 31 2004

Transaction ID: 0419200439C91304

Amount of Each Receipt this Period
71.48

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶	71.48
TOTAL This Period (last page this line number only) ..... ▶	71.48

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Tom Davis for Congress
Mailing Address: 6429 Downing Court
City: Annandale State: VA Zip Code: 22003-
Purpose of Disbursement: CONTR. TO REP. DAVIS, VA-11 (H)
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: CONTR. TO REP. DAVIS, VA-11 (H)
Transaction ID: D4192D0440E14D4
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Friends of Sherrod Brown
Mailing Address: 607 14th Street, NW Suite 800
City: Washington State: DC Zip Code: 20005-
Purpose of Disbursement: CONTR. TO REP. BROWN, OH-13 (H)
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: CONTR. TO REP. BROWN, OH-13 (H)
Transaction ID: D4192D0440E1376
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): Bob Etheridge for Congress
Mailing Address: PO Box 28001
City: Raleigh State: NC Zip Code: 27611-
Purpose of Disbursement: CONTR. TO REP. ETHERIDGE, NC-2 (H)
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: CONTR. TO REP. ETHERIDGE, NC-2 (H)
Transaction ID: D4192D0440E1399
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Hobson for Congress Committee
Mailing Address: 82 West Columbia
City: Springfield State: OH Zip Code: 45503-
Purpose of Disbursement: CONTR. TO REP. HOBSON, OH-7 (H)
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E14D6
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: CONTR. TO REP. HOBSON, OH-7 (H)

B.
Full Name (Last, First, Middle Initial): Price for Congress Committee
Mailing Address: P.O. Box 1986
City: Raleigh State: NC Zip Code: 27609-
Purpose of Disbursement: CONTR. TO REP. PRICE, NC-4 (H)
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E13B5
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: CONTR. TO REP. PRICE, NC-4 (H)

C.
Full Name (Last, First, Middle Initial): Ron Lewis for Congress
Mailing Address: P.O. Box 307
City: Elizabethtown State: KY Zip Code: 42702-
Purpose of Disbursement: CONTR. TO REP. LEWIS, KY-2 (H)
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1409
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: CONTR. TO REP. LEWIS, KY-2 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Congressman Joe Barton Committee
Mailing Address: P.O. Box 1444
City: Ennis State: TX Zip Code: 75120-
Purpose of Disbursement: CONTR. TO REP. BARTON, TX-6 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E14D8
Date of Disbursement: 03/23/2004
Amount of Each Disbursement this Period: 2000.00
CONTR. TO REP. BARTON, TX-6 (H)

B.
Full Name (Last, First, Middle Initial): Friends of Sam Johnson
Mailing Address: P.O. Box 860096
City: Plano State: TX Zip Code: 75086-
Purpose of Disbursement: CONTR. TO REP. JOHNSON, TX-3 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E13B6
Date of Disbursement: 03/01/2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. JOHNSON, TX-3 (H)

C.
Full Name (Last, First, Middle Initial): Friends of Lois Capps
Mailing Address: 38 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: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1384
Date of Disbursement: 03/01/2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. CAPPS, CA-23 (H)

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

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Friends of John Tanner
Mailing Address: P.O. Box 1988
City: Union City | State: TN | Zip Code: 38281-
Purpose of Disbursement: CONTR. TO REP. TANNER, TN-8 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E14D1
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. TANNER, TN-8 (H)

B.
Full Name (Last, First, Middle Initial): Pallone for Congress
Mailing Address: P.O. Box 3176
City: Long Branch | State: NJ | Zip Code: 07740-
Purpose of Disbursement: CONTR. TO REP. PALLONE, NJ-6 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E13B3
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. PALLONE, NJ-6 (H)

C.
Full Name (Last, First, Middle Initial): Boswell for Congress
Mailing Address: 300 Maple Street
City: Des Moines | State: IA | Zip Code: 50309-
Purpose of Disbursement: CONTR. TO REP. BOSWELL, IA-3 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1405
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. BOSWELL, IA-3 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Team Emerson
Mailing Address: Attn: Anne Ekern, 1310 G Street, NW
City: Washington State: DC Zip Code: 20005-
Purpose of Disbursement: CONTR. TO REP. EMERSON, MO-8 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E14D0
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. EMERSON, MO-8 (H)

B.
Full Name (Last, First, Middle Initial): People With Hart
Mailing Address: P.O. Box 435
City: Wexford State: PA Zip Code: 15090-
Purpose of Disbursement: CONTR. TO REP. HART, PA-4 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E14D2
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. HART, PA-4 (H)

C.
Full Name (Last, First, Middle Initial): Jim Davis for Congress
Mailing Address: P.O. Box 18143
City: Tampa State: FL Zip Code: 33679-
Purpose of Disbursement: CONTR. TO REP. DAVIS, FL-11 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E14D3
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. DAVIS, FL-11 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Martin Frost Campaign Committee
Mailing Address: 6 E Street, SE
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. FROST, TX-32 (H)
Candidate Name:
Category/Type: CONTR. TO REP. FROST, TX-32 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E1416
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Gary Miller for Congress
Mailing Address: 721 S. Brea Canyon Road, Suite 7
City: Walnut State: CA Zip Code: 01789-
Purpose of Disbursement: CONTR. TO REP. MILLER, CA-42 (H)
Candidate Name:
Category/Type: CONTR. TO REP. MILLER, CA-42 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1390
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Adam Putnam for Congress
Mailing Address: 3323 N. Washington Blvd.
City: Arlington State: VA Zip Code: 22201-
Purpose of Disbursement: CONTR. TO REP. PUTNAM, FL-12 (H)
Candidate Name:
Category/Type: CONTR. TO REP. PUTNAM, FL-12 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1418
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): ROYB Fund
Mailing Address: 209 Pennsylvania Avenue, SE
City: Washington State: DC Zip Code: 20004-
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: LEADERSHIP PAC CONTRIBUTI-ON
Transaction ID: D4192D0440E1415
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Pickering for Congress
Mailing Address: 228 S. Washington Street, Suite B-20
City: Alexandria State: VA Zip Code: 22314-
Purpose of Disbursement: CONTR. TO REP. PICKERING, MS-3 (H)
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Category/Type: CONTR. TO REP. PICKERING, MS-3 (H)
Transaction ID: D4192D0440E1381
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Pickering for Congress
Mailing Address: 228 S. Washington Street, Suite B-20
City: Alexandria State: VA Zip Code: 22314-
Purpose of Disbursement: CONTR. TO REP. PICKERING, MS-3 (H)
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: CONTR. TO REP. PICKERING, MS-3 (H)
Transaction ID: D4192D0440E1380
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Jefferson Committee
Mailing Address: 650 Poydras Street, Suite 2245
City: New Orleans State: LA Zip Code: 70130-
Purpose of Disbursement: CONTR. TO REP. JEFFERSON, LA-2 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1422
Date of Disbursement: 03 29 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. JEFFERSON, LA-2 (H)

B.
Full Name (Last, First, Middle Initial): Kirk for Congress
Mailing Address: P.O. Box 8
City: Winnetka State: IL Zip Code: 60093-
Purpose of Disbursement: CONTR. TO REP. KIRK, IL-10 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1392
Date of Disbursement: 03 01 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. KIRK, IL-10 (H)

C.
Full Name (Last, First, Middle Initial): Pryce Project
Mailing Address: 1155 21st Street, NW, Suite 330
City: Washington State: DC Zip Code: 20036-
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1391
Date of Disbursement: 03 01 2004
Amount of Each Disbursement this Period: 5000.00
LEADERSHIP PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Tim Murphy for Congress
Mailing Address: 128 N. Columbus Street
City: Alexandria State: VA Zip Code: 22314-
Purpose of Disbursement: CONTR. TO REP. MURPHY, PA-18 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1412
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 600.00
CONTR. TO REP. MURPHY, PA-18 (H)

B.
Full Name (Last, First, Middle Initial): Tim Murphy for Congress
Mailing Address: 128 N. Columbus Street
City: Alexandria State: VA Zip Code: 22314-
Purpose of Disbursement: CONTR. TO REP. MURPHY, PA-18 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E1413
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 400.00
CONTR. TO REP. MURPHY, PA-18 (H)

C.
Full Name (Last, First, Middle Initial): Gerlach for Congress
Mailing Address: P.O. Box 2778
City: Arlington State: VA Zip Code: 22202-
Purpose of Disbursement: CONTR. TO REP. GERLACH, PA-6 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E1426
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 275.00
CONTR. TO REP. GERLACH, PA-6 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1275.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Gerlach for Congress
Mailing Address: P.O. Box 2776
City: Arlington State: VA Zip Code: 22202-
Purpose of Disbursement: CONTR. TO REP. GERLACH, PA-6 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1425
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1725.00
CONTR. TO REP. GERLACH, PA-6 (H)

B.
Full Name (Last, First, Middle Initial): Brad Miller Congressional Campaign
Mailing Address: 499 S. Capitol Street, SW Suite 114
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. MILLER, NC-13 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1417
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. MILLER, NC-13 (H)

C.
Full Name (Last, First, Middle Initial): Tom Feeney for Congress
Mailing Address: P.O. Box 2801
City: Alexandria State: VA Zip Code: 22301-
Purpose of Disbursement: CONTR. TO REP. FEENEY, FL-24 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1414
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. FEENEY, FL-24 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3725.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Tim Ryan for Congress
Mailing Address: P.O. Box 75214
City: Washington State: DC Zip Code: 20013-
Purpose of Disbursement: CONTR. TO REP. RYAN, OH-17 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1393
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. RYAN, OH-17 (H)

B.
Full Name (Last, First, Middle Initial): David Scott for Congress
Mailing Address: 499 S. Capitol Street, SW # 103
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. SCOTT, GA-13 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1378
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. SCOTT, GA-13 (H)

C.
Full Name (Last, First, Middle Initial): Michaud for Congress
Mailing Address: 499 S. Capitol Street, SW Suite 103
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. MICHAUD, ME-2 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1407
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. MICHAUD, ME-2 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Pearce for Congress
Mailing Address: P.O. Box 2696
City: Hobbs State: NM Zip Code: 88241-
Purpose of Disbursement: CONTR. TO REP. PEARCE, NM-2 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1396
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. PEARCE, NM-2 (H)

B.
Full Name (Last, First, Middle Initial): The Judd Gregg Committee
Mailing Address: P.O. Box 1812
City: Concord State: NH Zip Code: 03302-
Purpose of Disbursement: CONTR. TO SEN. GREGG, NH (S)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1387
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO SEN. GREGG, NH (S)

C.
Full Name (Last, First, Middle Initial): A Lot People Supporting Tom Daschle
Mailing Address: 424 C Street, NE First Floor
City: Washington State: DC Zip Code: 20002-
Purpose of Disbursement: CONTR. TO SEN. DASCHLE, SD (S)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4192D0440E1427
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO SEN. DASCHLE, SD (S)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Friends of Dennis Cardoza
Mailing Address: 499 S. Capitol Street, SW, Suite 103
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. CARDOZA, CA-18 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1379
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. CARDOZA, CA-18 (H)

B.
Full Name (Last, First, Middle Initial): The Cte Reelect Trent Franks to Congress
Mailing Address: 9004 Advantage Court
City: Burke State: VA Zip Code: 22015-
Purpose of Disbursement: CONTR. TO REP. FRANKS, AZ-2 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1423
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. FRANKS, AZ-2 (H)

C.
Full Name (Last, First, Middle Initial): Citizens for Bunning
Mailing Address: 1717 Dixie Hwy. Suite 1800
City: Covington State: KY Zip Code: 41011-
Purpose of Disbursement: CONTR. TO SEN. BUNNING, KY (S)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1424
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO SEN. BUNNING, KY (S)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Missourians for Kit Bond
Mailing Address: 147 N. Meramec #100
City: Saint Louis | State: MO | Zip Code: 63105-
Purpose of Disbursement: CONTR. TO SEN. BOND. MO (S)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1395
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO SEN. BOND, MO (S)

B.
Full Name (Last, First, Middle Initial): Musgrave for Congress
Mailing Address: 9004 Advantage Court
City: Burke | State: VA | Zip Code: 22015-
Purpose of Disbursement: CONTR. TO REP. MUSGRAVE, CO-4 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1421
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. MUSGRAVE, CO-4 (H)

C.
Full Name (Last, First, Middle Initial): DeMint for Senate
Mailing Address: 507 Capitol Court, NE Suite 100
City: Washington | State: DC | Zip Code: 20002-
Purpose of Disbursement: CONTR. TO REP. DEMINT, SC (S)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4192D0440E1382
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 4000.00
CONTR. TO REP. DEMINT, SC (S)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Jo Bonner for Congress Committee
Mailing Address: P.O. Box 851232
City: Mobile | State: AL | Zip Code: 36685-
Purpose of Disbursement: CONTR. TO REP. BONNER, AL-1 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1377
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. BONNER, AL-1 (H)

B.
Full Name (Last, First, Middle Initial): Candice Miller for Congress
Mailing Address: P.O. Box 182152
City: Utica | State: MI | Zip Code: 48317-
Purpose of Disbursement: CONTR. TO REP. MILLER, MI-10 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1420
Date of Disbursement: 03 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. MILLER, MI-10 (H)

C.
Full Name (Last, First, Middle Initial): Friends of Ray LaHood
Mailing Address: P.O. Box 2778
City: Arlington | State: VA | Zip Code: 22202-
Purpose of Disbursement: CONTR. TO REP. LAHOOD, IL-18 (H)
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1394
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. LAHOOD, IL-18 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Schiff for Congress
Mailing Address: 38 Ivy Street, SE
City: Washington | State: DC | Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. SCHIFF, CA-29 (H)
Candidate Name:
Category/Type: CONTR. TO REP. SCHIFF, CA-29 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1385
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Geoff Davis for Congress
Mailing Address: P.O. Box 2776
City: Arlington | State: VA | Zip Code: 22202-
Purpose of Disbursement: CONTR. TO CAND. DAVIS, KY-4 (H)
Candidate Name:
Category/Type: CONTR. TO CAND. DAVIS, KY-4 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1389
Date of Disbursement: 03 / 01 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Barrett for Congress
Mailing Address: c/o Rob Jennings, 3000 K Street, NW
City: Washington | State: DC | Zip Code: 20007-
Purpose of Disbursement: CONTR. TO REP. BARRETT, SC-3 (H)
Candidate Name:
Category/Type: CONTR. TO REP. BARRETT, SC-3 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1397
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A.
Full Name (Last, First, Middle Initial): Marsha Blackburn for Congress
Mailing Address: P.O. Box 682185
City: Franklin | State: TN | Zip Code: 37068-
Purpose of Disbursement: CONTR. TO REP. BLACKBURN, TN-7 (H)
Candidate Name:
Category/Type: CONTR. TO REP. BLACKBURN, TN-7 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1395
Date of Disbursement: 03 / 12 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Jo Ann Davis for Congress
Mailing Address: P.O. Box 1634
City: Yorktown | State: VA | Zip Code: 23692-
Purpose of Disbursement: CONTR. TO REP. DAVIS, VA-11 (H)
Candidate Name:
Category/Type: CONTR. TO REP. DAVIS, VA-11 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1410
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of Zach Wamp
Mailing Address: P.O. Box 24804
City: Chattanooga | State: TN | Zip Code: 37422-
Purpose of Disbursement: CONTR. TO REP. WAMP, TN-3 (H)
Candidate Name:
Category/Type: CONTR. TO REP. WAMP, TN-3 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4192D0440E1411
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name (Last, First, Middle Initial)
Bishop for Congress

Mailing Address P.O. Box 2776

City: Arlington
State: VA
Zip Code: 22202-

Purpose of Disbursement
CONTR. TO REP. BISHOP, UT-1 (H)

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Transaction ID: D4192D0440E1419
Date of Disbursement
03 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

CONTR. TO REP. BISHOP, UT-1 (H)

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	64000.00

Form/Schedule: F3XA
Transaction ID: C00012880

There was a computer glitch which made all contributions in the April Monthly Report (3/1/04-3/31/04) designated for the 2002 election. All contributions should have been designated for the 2004 election. Here is an amended report with the correct information.