

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

Full Name (Last, First, Middle Initial)

**A.** Cathy McMorris for Congress

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Cathy McMorris

Office Sought:  House  Senate  President  
State: WA District: 5  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 22732097

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** CHC/BOLD PAC

Mailing Address 800 4th Street, SW Suite S 720

City Washington State DC Zip Code 20024

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 22732113

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Elijah Cummings

Office Sought:  House  Senate  President  
State: MD District: 7  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 22732114

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6000.00

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