REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 23 10 57 AM '97

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 Street

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00012880

3. [X] 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	[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/01/97 through 9/30/97		
6. (a) Cash on Hand January 1, 1997		$ 208,388.75
(b) Cash on Hand at Beginning of Reporting Period	$ 247,410.50	
(c) Total Receipts (from Line 18)	$ 42,354.18	$ 252,080.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 289,764.68	$ 460,469.09
7. Total Disbursements (from Line 30)	$ 3,755.00	$ 174,459.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 286,009.68	$ 286,009.68
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
Nancy J. Garland

Signature of Treasurer
Nancy J. Garland

Date
10/20/97

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)

FE6A/4135

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 9/01/97 TO 9/30/97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$1,820.00	$23,000.00	11(a)(i)
ii. Unitemized	$39,655.00	$225,371.57	11(a)(ii)
iii. Total (add i and ii) ➤	$41,475.00	$248,371.57	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) ➤	$41,475.00	$248,371.57	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.)	$879.18	$3,708.77	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$42,354.18	$252,080.34	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$42,354.18	$252,080.34	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		$15,506.43	21(b)
c. Total Operating Expenditures (add a I, a II, and b) ➤		$15,506.43	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$3,755.00	$154,182.98	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:		$70.00	
a. Individuals/Persons Other Than Political Committees			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) ➤			28(d)
29. Other Disbursements		$4,700.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$3,755.00	$174,459.41	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	$3,755.00	$174,459.41	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$41,475.00	$248,371.57	32
33. Total Contribution Refunds (from line 28d)		$70.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$41,475.00	$248,301.57	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤		$15,506.43	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤		$15,506.43	37

FE6AN135

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Franzen 803 Clark Avenue Webster Groves, MO 63119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/10/97	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joan Friedlander 3645 Higgins Road Mobile, Al 36619-8918 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/04/97	$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cindy Gilles 966 Southernview Drive South Lafayette, IN 47905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/12/97	$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Inagaki 4335 Park Fortuna Calabasas, CA 91302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/12/97	$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Langevin 1912 Fremont Street Algoma, WI 54201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/2/97	$50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kyle Mack 3434 Spruce Street Mohengan Lake, NY 10547 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/12/97	$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carol Manheim 17 Middleton Oaks Road Charleston, SC 29414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/29/97	$150.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)

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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. Gary Nowell 214 Brookfield Drive Dover, DE 19901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/23/97	$50.00
B. Robert Sheidler 242 Nob Hill Road Ephrata, WA 98823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 210.00	9/5/97	$100.00
C. Susan Slater 715 Beechwood Avenue Middlesex, NJ 08846 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/8/97	$200.00
D. Joseph Sullivan 118 Broadway Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 270.00	9/22/97	$20.00
E. Sharon Vanderbilt 444 North Crest Road Chatanooga, Tn 37404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 250.00	9/8/97	$250.00
F. Richard Velghe 400 Medical Center, Unit 102 Webster, TX 77598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physical Therapist Aggregate Year-to-Date > $ 200.00	9/23/97	$200.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Physical Therapist 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) $1,820.00

FEC/AN135

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Crestar Investment Bank P.O. Box 498 Richmond, VA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest Accrued from Account Occupation Aggregate Year-to-Date > $	9/30/97	$879.18
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) .....

FE6AN135

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Woolsey for Congress P.O. Box 750176 Petaluma, CA 94975	Lynn Woolsey (H-CA-6) $1,000.00 Disbursement for: XX Primary ☐ General ☐ Other (specify)	9/4/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Hyde for Congress P.O. Box 322 Des Plaines, IL 60016	Henry Hyde (H-IL-6) $500.00 Disbursement for: XX Primary ☐ General ☐ Other (specify)	9/4/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for David Obey P.O. Box 75214 Washington, DC 20013	David Obey (H-WI-7) $1,000.00 Disbursement for: XX Primary ☐ General ☐ Other (specify)	9/4/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard Shelby (S-AL) $2,000.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/4/97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Arlen Specter 3001 Park Center Drive, Suite 1105 Alexandria, VA 22302	Arlen Specter (S-PA) $4,999.51 Disbursement for: XX Primary ☐ General ☐ Other (specify)	9/4/97	$755.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Tom Sawyer Committee P.O. Box 75214 Washington, DC 20013	Tom Sawyer (H-OH-14) $500.00 Disbursement for: XX Primary ☐ General ☐ Other (specify)	9/4/97	$500.00
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)	$3,755.00

FEBA/1135

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 recived.

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☐	Received from the Senate Office of Public Records	Date of Receipt
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fts — PREPARER

10-23-97 — DATE PREPARED

(7/97)