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

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): Cardin for Congress
Mailing Address: 38 Ivy Street, SE
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: CONTR. TO REP. CARDIN MD-3 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President — State: District
Disbursement For: 2006 — X Primary / General / Other (specify)
Transaction ID: 50420.E1836
Date of Disbursement: 03 / 29 / 2005
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. CARDIN MD-3 (H)

B.
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: 2006 — X Primary / General / Other (specify)
Transaction ID: 50420.E1848
Date of Disbursement: 03 / 29 / 2005
Amount of Each Disbursement this Period: 1000.00
CONTR. TO REP. CAPPS CA-23 (H)

C.
Full Name (Last, First, Middle Initial): Hastert for Congress Committee
Mailing Address: P.O. Box 625
City: Batavia State: IL Zip Code: 60510-
Purpose of Disbursement: CONTR. TO REP. HASTERT IL-14 (H)
Candidate Name
Category/Type
Office Sought: House / Senate / President — State: District
Disbursement For: 2006 — X Primary / General / Other (specify)
Transaction ID: 50420.E1806
Date of Disbursement: 03 / 14 / 2005
Amount of Each Disbursement this Period: 5000.00
CONTR. TO REP. HASTERT IL-14 (H)

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

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