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

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

A.
Full Name (Last, First, Middle Initial)
Friends of Jennifer Dunn

Mailing Address
P.O. Box 70513
City: Washington
State: DC
Zip Code: 20024-

Purpose of Disbursement
Contribution To Committee Contr. to Rep.

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0417200159E561

B.
Full Name (Last, First, Middle Initial)
Doggett for U.S. Congress Committee

Mailing Address
P.O. Box 5843
City: Austin
State: TX
Zip Code: 78763-

Purpose of Disbursement
Contribution To Committee Contr. to Rep.

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 28 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0417200159E576

C.
Full Name (Last, First, Middle Initial)
Friends of Lois Capps

Mailing Address
3B Ivy Street, SE
City: Washington
State: DC
Zip Code: 20003-

Purpose of Disbursement
Contribution To Committee Contr. to Rep.

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 28 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: 0417200159E571

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

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