REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Physical Therapy Congressional Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1111 North Fairfax Street

CITY, STATE and ZIP CODE
Alexandria, VA 22314

APR 21 11 34 AM '95

2. FEC IDENTIFICATION NUMBER
C00128860

3. ☒ 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 ☐ 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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/1/95 through 3/31/95		
6. (a) Cash on Hand January 1, 1995		$ 483,964.13
(b) Cash on Hand at Beginning of Reporting Period	$ 477,957.63	
(c) Total Receipts (from Line 19)	$ 13,863.50	$ 66,632.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 491,821.13	$ 550,596.13
7. Total Disbursements (from Line 30)	$ 172,200.00	$ 230,975.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 319,621.13	$ 319,621.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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
Pamela Phillips

Signature of Treasurer
Pamela Phillips

Date
4/20/95

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)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Physical Therapy Congressional Action Committee

REPORT COVERING PERIOD FROM: 3/1/95 TO: 3/31/95

	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)	$2,900.00	$12,150.00	11(a)(i)
ii. Unitemized	10,963.50	54,482.00	11(a)(ii)
iii. Total (add i and ii) ➤	13,863.50	66,632.00	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) ➤	13,863.50	66,632.00	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,863.50	66,632.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	13,863.00	66,632.00	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	$150,000.00	$150,000.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	150,000.00	150,000.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,000.00	80,500.00	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:			
a. Individuals/Persons Other Than Political Committees	200.00	475.00	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) ➤	200.00	475.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	172,200.00	230,975.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	172,200.00	230,975.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$13,863.50	$66,632.00	32
33. Total Contribution Refunds (from line 28d)	200.00	475.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,663.50	66,157.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	150,000.00	150,000.00	35
36. Offsets to Operating Expenditures (from line 15)	--0--	--0--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	150,000.00	150,000.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (in Full)

American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Amsler 3318 Pine Hill Trail Palm Beach Gardens, FL 33418-3502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integra Care, Inc. Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Brubaker 3916 West Anderson Street Thatcher, AZ 85552-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roadrunner Rehab Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ernest Burch Physiotherapy Associates 6305 York Road, Suite 203 Baltimore, MD 21212-2646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 250.00	3/30/95	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Creal 1401 N. 190th Street Eagle, NE 68347-9504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Fishman 50 Susan Drive Newburgh, NY 12550-1409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peak Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julaine Florence 13600 Park Place Court St. Louis, MO 53131-1236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington University Medical School Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Griffin 930 W. North Avenue Madison Park Medical Center Baltimore, MD 21217-3940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date > $ 200.00	3/30/95	$100.00

SUBTOTAL of Receipts This Page (optional) $850.00

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

0 0 3 3 4 3 9 6 1

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (in Full)

American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Tim Hornak Performance Physical Therapy 3880 Bascom Avenue, Suite 213 San Jose, CA 95124-2675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Performance Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
B. Emmanuel Malabanan Therapeutic Services 11831 Wilcrest Houston, TX 77031-1919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Therapeutic Services Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$100.00
C. Betty Mayer W 3345 Highway K Random Lake, WI 53075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
D. Virgil Michaelis 313 Riverview Drive, P.O. Box 395 Monticello, MN 55362-8616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Excel Physical Therapy Occupation: Physical Therapist Aggregate Year-to-Date: $ 300.00	3/30/95	$150.00
E. Roger Myers P.O. Box 878 South Hill, VA 23970-0878 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
F. Lawrence Ohman Institute of PT and Fitness 678 Soutway Lewiston, ID 83501-3783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Insitute of Physical Therapy & Fitness Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
G. Kenneth Rodeman Wyoming Performance Center 1515 South Elm Casper, WY 82601-4119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wyoming Performance Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00

SUBTOTAL of Receipts This Page (optional)	$1,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (in Full)

American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harvey Simpkins 14207 Rock Canyon Drive Centreville, VA 22020-3806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bureau of Medicine & Surgery Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
B. Andrew Tatom 44 Clifton Street Lynchburg, VA 24501-1422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
C. Mary Ann Wharton 280 Scott Lane Venetia, PA 15367-1116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
D. Mae Wisniewski 1121 Summitt Street Hartsville, SC 29550-8577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physical Therapist Aggregate Year-to-Date: $ 200.00	3/30/95	$200.00
E. 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
F. 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
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)	$800.00
TOTAL This Period (last page this line number only)	$2,900.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Susan Molinari 1219 Darnley Road Woodbridge, VA 22192	Susan Molinari (H-13th-NY) Disbursement for: Primary General Other (specify)	3/14/95	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny Hoyer (H-5th-MD) Disbursement for: Primary General Other (specify)	3/14/95	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ramstad Volunteer Committee 8100 Pennsylvania Avenue, S., Ste 104 Bloomington, MN 55431	Jim Ramstad (U-13th-MN) Disbursement for: Primary General Other (specify)	3/14/95	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike DeWine c/o Rachel Pearson 425 2nd Street, NE Washington, DC 20002	Mike DeWine (S-OH) Disbursement for: Primary General Other (specify)	3/14/95	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
House Democratic Leader Richard Gephardt 507 Capitol Court, NE Washington, DC 20002	Richard Gephardt (H-3rd-MO) Disbursement for: Primary General Other (specify)	3/14/95	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Frank Pallone, Jr. (H-6th-NJ) Disbursement for: Primary General Other (specify)	3/14/95	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abraham for Senate 425 2nd Street, NE Washington, DC 20002	Spencer Abraham (S-MI) Disbursement for: Primary General Other (specify)	3/14/95	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonoir for Congress P.O. Box 65873 Washington, DC 20035	David E. Bonoir (H-10th-MI) Disbursement for: Primary General Other (specify)	3/14/95	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Newt Gingrich 1085 Holcomb Bridge Road, Suite 190A Roswell, GA 30076	Newt Gingrich (H-6th-GA) Disbursement for: Primary General Other (specify)	3/14/95	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $6,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. A Lot of People Supporting Tom Daschle 245 2nd Street, NE #300 Washington, DC 20002	Tom Daschle (S-SD) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$1,000.00
B. Crane for Congress Committee 716 4th Street, SE Washington, DC 20003	Philip M. Crane (H-8th-IL) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$500.00
C. Upton for All of Us P.O. Box 490 St. Joseph, MI 49085	Frederick S. Upton (H-6th-MI) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$500.00
D. Committee for Sam Gibbons P.O. Box 2884 Washington, DC 20013	Sam Gibbons (H-11th-FL) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$1,000.00
E. Jan Meyers for Congress P.O. Box 4184 Overland Park, KS 66204	Jan Meyers (H-3rd-KS) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$500.00
F. Gene Green Congressional Campaign P.O. Box 2884 Washington, DC 20013	Gene Green (H-29th-TX) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$500.00
G. Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20026	Bill Thomas (H-21st-CA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$2,000.00
H. Texans for Henry Bonilla 325 Pennsylvania Avenue, SE, #262 Washington, DC 20003	Henry Bonilla (H-23rd-TX) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/95	$500.00
I. Friends of Bob Livingston 4010 Franconia Road Alexandria, VA 22310	Bob Livingston (H-1st-LA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/28/95	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$7,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Physical Therapy Congressional Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart Stupak (H-1st-MI) Disbursement for: Primary General Other (specify)	3/28/95	$500.00
Feingold Senate Committee P.O. Box 620062 Middleton, WI 53562	Russ Feingold (S-WI) Disbursement for: Primary General Other (specify)	3/28/95	$1,000.00
Klug for Congress, Inc. P.O. Box 5619 Madison, WI 53705	Scott Klug (H-2nd-WI) Disbursement for: Primary General Other (specify)	3/28/95	$500.00
Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120	Joe Barton (H-6th-TX) Disbursement for: Primary General Other (specify)	3/28/95	$1,000.00
Scott for Congress P.O. Box 251 Newport News, VA 23607	Robert C. Scott (H-3rd-VA) Disbursement for: Primary General Other (specify)	3/28/95	$500.00
Tom DeLay Congress Committee 4010 Franconia Road Alexandria, VA 22310	Tom DeLay (H-22nd-TX) Disbursement for: Primary General Other (specify)	3/29/95	$1,000.00
Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema (H-5th-NJ) Disbursement for: Primary General Other (specify)	3/29/95	$500.00
Souder for Congress P.O. Box 16021 Alexandria, VA 22302	Mark Edward Souder (H-4th-IN) Disbursement for: Primary General Other (specify)	3/29/95	$500.00
Friends of Sam Johnson 1212 North Vernon Street Arlington, VA 22201	Sam Johnson (H-3rd-TX) Disbursement for: Primary General Other (specify)	3/29/95	$500.00

SUBTOTAL of Disbursements This Page (optional) $6,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Physical Therapy Congressional Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Funderburk for Congress 1212 North Vernon Street Arlington, VA 22201	David Funderburk (H-2nd-NC) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/29/95	$500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott c/o 555 New Jersey Avenue, NW Suite 201 Washington, DC 20001	Jim McDermott (H-7th-WA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/29/95	$500.00
C. Full Name, Mailing Address and ZIP Code Citizens for Kasich 208 G Street, NE Washington, DC 20002	John R. Kasich (H-12th-OH) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/29/95	$1,000.00
D. 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
E. 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
F. 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
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) $2,000.00

TOTAL This Period (last page this line number only) $22,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Physical Therapy Association 1111 North Fairfax Street Alexandria, VA 22314	Reimbursement for fundraising costs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/10/95	$150,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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) $150,000.00

TOTAL This Period (last page this line number only) $150,000.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28 (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)
American Physical Therapy Congressional Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James MacBeth 34 Winding Way Short Hills, NJ 07078	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/6/95	$50.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ferdinand Gripal 217 A Allen Drive Laredo, TX 78041	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/9/95	$75.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Eileen Wusterey 24 Harrison Avenue Braintree, MA 02184	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/10/95	$25.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
James Wagner 12863 Ingersoll Avenue Hugo, MN 55038	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/29/95	$50.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $200.00

TOTAL This Period (last page this line number only) $200.00

4-00173

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 received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4/20/95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

4/21/95
DATE PREPARED

FEC FORM 70-2 (12/92)

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