

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Physical Therapy Political Action Committee

ADDRESS (number and street)

1111 North Fairfax Street

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00012690

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report

Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

X Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

Post-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

02

01

2005

through

02

28

2005

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

Dave Mason

Signature of Treasurer

Electronically Filed by Dave Mason

Date

03

15

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Physical Therapy Political Action Committee

Report Covering the Period: From: ^M02 ^D01 ^Y2005 To: ^M02 ^D28 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		287767.95
(b) Cash on Hand at Beginning of Reporting Period	301589.13	
(c) Total Receipts (from Line 19)	30159.22	49055.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331748.35	336823.35
<hr/>		
7. Total Disbursements (from Line 31)	58050.00	63125.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	273698.35	273698.35
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From: ^M02 ^D01 ^Y2005 To: ^M02 ^D28 ^Y2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16438.00	24188.00
(ii) Unitemized	13445.00	24362.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	29883.00	48550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29883.00	48550.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	276.22	505.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30159.22	49055.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30159.22	49055.40

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	63000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	50.00	125.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58050.00	63125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	58050.00	63125.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29863.00	48550.00
34. Total Contribution Refunds (from Line 28(d))	50.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29833.00	48425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Alfonso Amato		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 11709 Old Ballas Road		Transaction ID: 50218.C100972
City Saint Louis	State MO	Zip Code 63141-7029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mark Anderson		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address Mountain Land Rehabilitation 1852 East 7000 South Suite 100		Transaction ID: 50315.C101224
City Salt Lake City	State UT	Zip Code 84121-6878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mountain Land Rehabilitation	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Candace Bahner		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 24155 Dogwood Rd		Transaction ID: 50315.C101251
City Belvue	State KS	Zip Code 66407-9147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Washburn University	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	725.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Baskin		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address GT Physical Therapy & Rehab 501 E Main Street		Transaction ID: 50218.C100932
City	State	Zip Code
Louisville	MS	39339-2737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.00
Name of Employer GT Physical Therapy & Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	

Full Name (Last, First, Middle Initial) B. Drew Bossen		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 4191 Westcott Dr NE		Transaction ID: 50218.C100931
City	State	Zip Code
Iowa City	IA	52240-7788
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Christine Chase		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 429 Allenberry Drive		Transaction ID: 50315.C101250
City	State	Zip Code
Pittsburgh	PA	15237-3320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1083.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Gwynn Christie		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 793D Timber Hill Ct		Transaction ID: 50315.C101218
City Indianapolis	State IN	Zip Code 46217-4473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Larry Cochran		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 999 Forest Ave Apt 3-I		Transaction ID: 50315.C101115
City Staten Island	State NY	Zip Code 10310-2432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Richmond Rehabilitation	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Steven Crandall		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 183B E Rich Way		Transaction ID: 50315.C101258
City Salt Lake City	State UT	Zip Code 84121-4881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	1035.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 28

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Cunningham		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 281 D 23rd St		Transaction ID: 50315.C101187
City Lubbock	State TX	Zip Code 79410-1628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Dunleavy		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 486 Cumberland Avenue		Transaction ID: 50315.C101246
City Teaneck	State NJ	Zip Code 07666-2649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Trinitas	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas Eggleton		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 5905 Severin Dr		Transaction ID: 50315.C101146
City La Mesa	State CA	Zip Code 91542-3808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Charles Felder		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2222 Donnie Rd		Transaction ID: 50315.C101191
City Newport Beach	State CA	Zip Code 92660-3615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HCS Consulting	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Patrick Graham		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address P O Box 8068		Transaction ID: 50218.C101004
City Columbus	State GA	Zip Code 31908-8068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HPRC	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Margaret Grey		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 10 Drummond Rd		Transaction ID: 50218.C101000
City Enfield	State CT	Zip Code 06082-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Grey Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. Laura Heck		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 415 Gatcombe Ln		Transaction ID: 50315.C101237
City Bryn Mawr	State PA	Zip Code 19010-3629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Temple University	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scott Hohmann		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address PO Box 608		Transaction ID: 50218.C100982
City Hays	State KS	Zip Code 67601-0608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PT Plus	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert Huhn		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 134B Crestline Drive		Transaction ID: 50315.C101143
City Santa Barbara	State CA	Zip Code 93105-4807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Angela LaBella		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 5 Pent Road		Transaction ID: 50315.C101114
City	State	Zip Code
Bloomfield	CT	06002-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Comprehensive Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dannis Langton		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 727 Live Oak Drive		Transaction ID: 50218.C100894
City	State	Zip Code
El Cajon	CA	92020-5633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Dannis Langton		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 727 Live Oak Drive		Transaction ID: 50315.C101173
City	State	Zip Code
El Cajon	CA	92020-5633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)	635.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Patricia McAdoo		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address PD Box 140950		Transaction ID: 50218.C100937
City Anchorage	State AK	Zip Code 99514-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 535.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) B. Gregory McCall		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address All PRO Physical Therapy 5102 E Fair Drive		Transaction ID: 50315.C101120
City Littleton	State CO	Zip Code 80121-3414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer All PRO Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Peter McMenamin		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address Physical Therapy Chicago 55 E Washington St Suite 1320		Transaction ID: 50315.C101085
City Chicago	State IL	Zip Code 60602-2581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physical Therapy Chicago	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1035.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Kenneth Mengel		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 9827 Estrella Ave		Transaction ID: 50218.C100930
City	State	Zip Code
Temple City	CA	91780-1417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fortanese & Associates	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Perry		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2085 Van Antwerp		Transaction ID: 50315.C101258
City	State	Zip Code
Grosse Pointe Wood	MI	48235-1622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Pamela Phelps		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1038 Von Trina Road		Transaction ID: 50315.C101230
City	State	Zip Code
Elberton	GA	30635-4567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

SUBTOTAL of Receipts This Page (optional)	605.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Freddie Regan		Date of Receipt M / D / Y 02 / 22 / 2005
Mailing Address 3221 Ryan St Ste D		Transaction ID: 50315.C101110
City Lake Charles	State LA	Zip Code 70601-8780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Partners In Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Paul Recker		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address Centers for Rehab Services 825 Walnut Street		Transaction ID: 50218.C101048
City Mc Keesport	State PA	Zip Code 15132-2806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Centers For Rehab Services	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Timothy Schell		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 201 B Erie Street		Transaction ID: 50315.C101128
City Grove City	State PA	Zip Code 16127-1610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Robert Seton		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 1950 Bluewater Blvd Ste 101		Transaction ID: 50315.C101055
City	State	Zip Code
Niceville	FL	32578-3888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic & Sports PT	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dannis Spillane		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 5136 Mount Ararat Drive		Transaction ID: 50218.C101046
City	State	Zip Code
San Diego	CA	92111-3846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kaiser Permanente	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dannis Spillane		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 5136 Mount Ararat Drive		Transaction ID: 50315.C101185
City	State	Zip Code
San Diego	CA	92111-3846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Kaiser Permanente	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	▶	1535.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Anne Thompson		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 124 Cherryfield Lane		Transaction ID: 50315.C101229
City	State	Zip Code
Savannah	GA	31419-0095
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Armstrong Atlantic State Univ	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Timothy Thorsen		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address Spine & Sport Clinic 586 Shepard St		Transaction ID: 50218.C100933
City	State	Zip Code
Rhinelanders	WI	54501-3552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Spine & Sport Clinic	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jill Tomasetto		Date of Receipt M / D / Y Y Y Y 02 / 14 / 2005
Mailing Address 64 Hunting Ridge Road		Transaction ID: 50218.C100974
City	State	Zip Code
Stamford	CT	06503-3222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1535.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Linda Towne		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 737D Sweetwater Branch		Transaction ID: 50218.C100939
City	State	Zip Code
West Chester	OH	45069-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Towne Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. PEARL Towne		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 737D Sweetwater Branch		Transaction ID: 50218.C100940
City	State	Zip Code
West Chester	OH	45069-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Towne Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Patricia Traynor		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 382 West Radcliffe Drive		Transaction ID: 50218.C101041
City	State	Zip Code
Claremont	CA	91711-2837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Olive Whitehead		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 37		Transaction ID: 50315.C101141
City Jackson	State AL	Zip Code 36545-0037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Steven Zentel		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2596 E Barnett Road Ste A		Transaction ID: 50218.C100981
City Medford	State OR	Zip Code 97504-4340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medford Sports Injury and PT	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	16438.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address Old Town Branch King Street		Transaction ID: 50315.C101538
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 276.22
Name of Employer	Occupation	Other Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.40	

SUBTOTAL of Receipts This Page (optional)	▶	276.22
TOTAL This Period (last page this line number only)	▶	276.22

**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)

PAGE 21 / 29

<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

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

Full Name (Last, First, Middle Initial)
A. Ron Lewis for Congress

Mailing Address P.O. Box 307

City Elizabethtown State KY Zip Code 42702-

Purpose of Disbursement
CONTR. TO REP. LEWIS KY-2 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 General
		<input checked="" type="checkbox"/> Primary	
		Other (specify) ▼	

State: District

Transaction ID: 50315.E1783
Date of Disbursement
02 / 02 / 2005

Amount of Each Disbursement this Period
2000.00

CONTR. TO REP. LEWIS KY-2 (H)

Full Name (Last, First, Middle Initial)
B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
POLITICAL PARTY CONTRIBUTION

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 General
		<input checked="" type="checkbox"/> Primary	
		Other (specify) ▼	

State: District

Transaction ID: 50315.E1780
Date of Disbursement
02 / 02 / 2005

Amount of Each Disbursement this Period
15000.00

POLITICAL PARTY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. J.D. Hayworth for Congress

Mailing Address 4451 Brookfield Corp. Dr.

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
CONTR. TO REP. HAYWORTH AZ-5 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 General
		<input checked="" type="checkbox"/> Primary	
		Other (specify) ▼	

State: District

Transaction ID: 50315.E1791
Date of Disbursement
02 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

CONTR. TO REP. HAYWORTH AZ-5 (H)

SUBTOTAL of Disbursements This Page (optional) 18000.00

TOTAL This Period (last page this line number only)

**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)

PAGE 22 / 29

<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

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

Full Name (Last, First, Middle Initial)
A. Cte. for the Preservation of Capitalism

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1777

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

5000.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 818 Connecticut Avenue, NE #302

City Washington State DC Zip Code 20002-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1782

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

Mailing Address 238 Massachusetts Avenue
Suite 508

City Washington State DC Zip Code 20002-

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1784

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

**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)

PAGE 23 / 29

<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)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)
A. Committee to Re-Elect Ed Towns

Mailing Address 1132 25th Street, NW

City Washington State DC Zip Code 20037-

Purpose of Disbursement
CONTR. TO REP. TOWNS NY-10 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1795

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. TOWNS NY-10
(H)

Full Name (Last, First, Middle Initial)

B. People With Hart

Mailing Address P.O. Box 435

City Woxford State PA Zip Code 15000-

Purpose of Disbursement
CONTR. TO REP. HART PA-4 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1796

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. HART PA-4
(H)

Full Name (Last, First, Middle Initial)

C. Mike Ross for Congress Committee

Mailing Address P.O. Box 360

City Prescott State AR Zip Code 71857-

Purpose of Disbursement
CONTR. TO REP. ROSS AR-4 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1782

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

CONTR. TO REP. ROSS AR-4
(H)

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**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)

PAGE 24 / 29

<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

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

Full Name (Last, First, Middle Initial)
A. Langevin for Congress

Mailing Address 301 4th Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
CONTR. TO REP. LANGEVIN RI-2 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1794
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. LANGEVIN
RI-2 (H)

Full Name (Last, First, Middle Initial)
B. Marion Berry for Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403-

Purpose of Disbursement
CONTR. TO REP. BERRY AR-1 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1800
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. BERRY AR-1
(H)

Full Name (Last, First, Middle Initial)
C. Hawkeye PAC

Mailing Address P.O. Box 7255

City Des Moines State IA Zip Code 50309-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1785
Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

5000.00

LEADERSHIP PAC CONTRIBUTI-
ON

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**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)

PAGE 25 / 29

<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)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phil Pac

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1802

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Chris Chocola for Congress

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
CONTR. TO REP. CHOCOLA IN-2 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1798

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. CHOCOLA IN-2 (H)

Full Name (Last, First, Middle Initial)

C. Rogers for Congress

Mailing Address P.O. Box 5B1

City Brighton State MI Zip Code 48118-

Purpose of Disbursement
CONTR. TO REP. ROGERS MI-8 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1798

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

2000.00

CONTR. TO REP. ROGERS MI-8 (H)

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**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)

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<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)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)
A. Tom Pac

Mailing Address P.O. Box 16488

City Arlington State VA Zip Code 22215-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50315.E1781
Date of Disbursement
02 / 02 / 2005

Amount of Each Disbursement this Period
1500.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Simpson for Congress

Mailing Address P.O. Box 1541

City Boise State ID Zip Code 83701-

Purpose of Disbursement
CONTR. TO REP. SIMPSON ID-2 (H)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50315.E1786
Date of Disbursement
02 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

CONTR. TO REP. SIMPSON ID-2 (H)

Full Name (Last, First, Middle Initial)
C. Jo Banner for Congress Committee

Mailing Address P.O. Box 16021

City Alexandria State VA Zip Code 22302-

Purpose of Disbursement
CONTR. TO REP. BONNER AL-1 (H)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50315.E1787
Date of Disbursement
02 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

CONTR. TO REP. BONNER AL-1 (H)

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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

**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)

PAGE 27 / 29

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

Full Name (Last, First, Middle Initial)
A. Friends of Connie Mack

Mailing Address P.O. Box 2778

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
CONTR. TO REP. MACK FL-14 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1789
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MACK FL-14
(H)

Full Name (Last, First, Middle Initial)
B. Freedom Fund

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1778
Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

LEADERSHIP PAC CONTRIBUTI-
ON

Full Name (Last, First, Middle Initial)
C. Mike Turner for Congress

Mailing Address P.O. Box 2778

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
CONTR. TO REP. TURNER OH-3 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1793
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. TURNER OH-3
(H)

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)
A. Neugebauer Congressional Committee

Mailing Address P.O. Box 54175

City Lubbock State TX Zip Code 79453-

Purpose of Disbursement
CONTR TO REP. NEUGEBAUER TX-19 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1801

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR TO REP. NEUGEBAUER
TX-19 (H)

Full Name (Last, First, Middle Initial)

B. Bill Shuster for Congress

Mailing Address P.O. Box 27

City Hollidaysburg State PA Zip Code 16648-

Purpose of Disbursement
CONTR. TO REP. SHUSTER PA-9 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1788

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. SHUSTER PA-
9 (H)

Full Name (Last, First, Middle Initial)

C. Thelma Drake for Congress

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23458-

Purpose of Disbursement
CONTR. TO REP. DRAKE VA-2 (H)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50315.E1790

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. DRAKE VA-2
(H)

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

PAGE 29 / 29

<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)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)
A. Committee to Re-elect Bobby Jindal

Transaction ID: 50315.E1779
Date of Disbursement

Mailing Address P.O. Box 8628

02 / 02 / 2005

City State Zip Code
Metairie LA 70005-

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTR. TO REP. JINDAL LA-1 (H)

2500.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

CONTR. TO REP. JINDAL LA-1
(H)

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

58000.00