

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 25 P 12:04

1. NAME OF COMMITTEE (in full) Physical Therapy Political Action Committee <hr/> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1111 North Fairfax Street <hr/> CITY, STATE and ZIP CODE Alexandria, VA 22314	2. FEC IDENTIFICATION NUMBER C00012880 <hr/> 3. <input type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)
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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 <u>08/01/2000</u> through <u>08/31/2000</u>		
6. (a) Cash on Hand January 1, 19 <u>00</u>		\$178797.29
(b) Cash on Hand at Beginning of Reporting Period	\$244611.10	
(c) Total Receipts (from Line 19)	\$39268.73	\$288550.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$283877.83	\$467347.77
7. Total Disbursements (from Line 30)	\$23625.00	\$207094.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$260252.83	\$260252.83
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

Nancy J. Garland

Signature of Treasurer

Nancy J. Garland

Date

9/20/2000

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

FEC FORM 3X
(Revised 9/93)

**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 08/01/2000 TO: 08/31/2000		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. RECEIPTS			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	65497.60	\$39007.60	11(a)(i)
ii. Unitemized	932857.50	\$241240.68	11(a)(ii)
iii. Total (add i and ii)	\$998354.50	\$280248.18	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	11(c)
d. Total Contributions (add a iii, b and c)	\$998354.50	\$280248.18	11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12
13. All Loans Received	\$0.00	\$0.00	13
14. Loan Repayments Received	\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$2500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$972.23	\$5002.30	17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$39266.73	\$288550.48	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$39266.73	\$288550.48	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	\$0.00	\$580.82	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$0.00	\$580.82	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$23625.00	\$206414.12	23
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)	\$0.00	\$0.00	25
26. Loan Repayments Made	\$0.00	\$0.00	26
27. Loans Made	\$0.00	\$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	\$0.00	\$100.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$0.00	\$100.00	28(d)
29. Other Disbursements	\$0.00	\$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$23625.00	\$207094.94	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$23625.00	\$207094.94	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$998354.50	\$280248.18	32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$998354.50	\$280148.18	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$0.00	\$580.82	35
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$0.00	\$580.82	37

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such reports and documents 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

<p>A. Full Name, Mailing Address and Zip Code Jennifer Ambos 392 Kept Road Tipp City, OH 45371-2517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kettering Medical Center</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/11/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Albert Armendariz 314 Barbaree Dr El Paso, TX 79912-4832</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/18/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Jacqueline Bealman 3300B Northwestern Ave Hutchinson, KS 67502-2315</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Health South</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/14/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>D. Full Name, Mailing Address and Zip Code Samuel Brown 311 Oak Tree Lane Monticello, KY 42633-1369</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Somerset Physical Therapy</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/09/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Elroy Chong Professional Plaza-The Pacific 1520 Liliha Street #301 Honolulu, HI 96817-3563</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Professional Plaza-The Pacific</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/25/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>F. Full Name, Mailing Address and Zip Code Jack Close Jack D Close and Associates 3650 S Eastern Ave Ste 100 Las Vegas, NV 89109-3345</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Jack D Close and Associates</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$530.00</p>	<p>Date (month, day, year) 08/14/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jerome Connolly 1902 Juliette Court Alexandria, VA 22307-1626</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer APTA</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/17/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
detailed summary pagePAGE 2 OF 3
FOR LINE NUMBER
11(a)(i)

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 James Dagostino Dagostino Physical Therapy, Inc 3520 College Blvd Oceanside, CA 92056-4660	Name of Employer Dagostino Physical Therapy, Inc Occupation Physical Therapist	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
B. Full Name, Mailing Address and Zip Code William Dwight Dwight Orthopaedic Rehabilitation Co 1432 East 12 Mile Road Madison Heights, MI 48071-2651	Name of Employer Dwight Orthopaedic Rehabilitat Occupation Physical Therapist	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
C. Full Name, Mailing Address and Zip Code Julaine Florence 13600 Park Place Ct St Louis, MO 63131-1236	Name of Employer Self-Employed Occupation Physical Therapist	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$300.00		
D. Full Name, Mailing Address and Zip Code Vicky Johnson 43449 Elk Run RCR 44 Steamboat Springs, CO 80487-9115	Name of Employer JJ PT\Inst of Phy. Art Occupation Physical Therapist	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
E. Full Name, Mailing Address and Zip Code Chester Jolly 301 N Broadway St Aberdeen, WA 98520-3933	Name of Employer Self-Employed Occupation Physical Therapist	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
F. Full Name, Mailing Address and Zip Code Lori Saige 1000 Alpine Suite 260 Boulder, CO 80304-3411	Name of Employer Self-Employed Occupation Physical Therapist	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period \$187.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Jane Schroeder 125 Hempstead Garden Drive Apt. N-1A West Hempstead, NY 11552-2663	Name of Employer Queens PT Assoc Occupation Physical Therapist	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$2037.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

The separate schedules for each category of the Detailed Summary Page

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

<p>A. Full Name, Mailing Address and Zip Code Gary Souza 1370 Valley Vista Dr Apt 145 Diamond Bar, CA 91765-3921</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Thomas Sweeney Suburban Physical Therapy 506 Cromwell Ave Suite 103 Rocky Hill, CT 06067-1851</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Suburban Physical Therapy</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/11/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and Zip Code William Wein 9 Wilgert Road Bridgewater, NJ 08907-4804</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 08/02/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Kathleen Whoolley 321 N. Larchmont Blvd Ste 825 Los Angeles, CA 90004-6408</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/29/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Michelle Wiesner 4204 Heathmoor Court Lexington, KY 40516-1843</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Lexington Physical Therapy</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/24/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Sandra Willen 11437 E Via Canada Yuma, AZ 85367-7244</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 08/15/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$1250.00

TOTAL This Period (last page this line number only)

\$5437.00

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SunTrust Bank Old Town Branch King Street Alexandria, VA 22314-		08/31/2000	\$972.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$5802.30
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$972.23
TOTAL This Period (Last page this line number only)	\$972.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

The separate schedule(s) for each category of the detailed Summary Page

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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
Feinstein 2000 P.O. Box 75156 Washington, DC 20013-	Contr. to Senator Feinstein, CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	\$1000.00
Snowe for Senate P.O. Box 2000 Portland, ME 04104-	Contr. to Sen. Snowe, ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	\$2000.00
Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126-	Contr. to Cand. John Ensign, NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/2000	\$1000.00
Weygand Committee P.O. Box 7818 Warwick, RI 02887-7818	Contr. to Cand. Weygand, RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/29/2000	\$1000.00
Congressional Majority Committee c/o Brian Boyle 3 Lenox Street Chevy Chase, MD 20815-	Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	\$500.00
Roth Senate Committee 425 Second Street, SE Washington, DC 20002-	Contr. to Senator Roth, DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/30/2000	\$2000.00
Democratic National Committee 430 S. Capitol Street, SE Washington, DC 20003-	Contr. to Political Party Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/2000	\$2000.00

SUBTOTAL of Disbursements This Page (optional)	\$8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate subtotals for each category of the Detailed Summary Page

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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
Paul Perry for Congress P.O. Box 5453 Evansville, IN 47716-	Contr. to Cand. Paul Perry, IN-6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/29/2000	\$1000.00
The Cte. to Elect Jack Close 4153 Ridgcrest Las Vegas, NV 89121-	Contr. NV House Cand. Jack Close Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/03/2000	\$500.00
Langevin for Congress P.O. Box 55 Providence, RI 02901-	Contr. to Cand. Langevin, RI-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/29/2000	\$2000.00
Pioneer PAC 499 S. Capitol Strret, SW Suite 2000A Washington, DC 20003-	Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/2000	\$500.00
Gary Killer for Congress 721 S. Brea Canyon Road Suite 7 Walnut, CA 91789-	Contr. to Rep. Gary Miller, CA-41 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/2000	\$500.00
Graves for Congress 110 South 10th Street Tarkio, MO 64491-	Contr. to Cand. Graves, MO-6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$1000.00
Schweitzer for U.S. Senate P.O. Box 9172 Missoula, MT 59801-	Contr. to Cand. Schweitzer, MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Kuykendall Congressional Cte. 21311 Hawthorne Blvd. Suite 107 Torrance, CA 90503-	Contr. to Rep. Kuykendall, CA-35 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$1000.00
B. Full Name, Mailing Address and Zip Code Henry E. Brown for Congress 1035 Dominion Drive Hanahan, SC 29406-	Contr. to Cand. Henry Brown, SC-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$1000.00
C. Full Name, Mailing Address and Zip Code The Lone Star Fund 4 E Street, SE Washington, DC 20003-	Leadership PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$1000.00
D. Full Name, Mailing Address and Zip Code American Works Committee 607 14th Street, NW Washington, DC 20005-	Leadership PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/2000	\$5000.00
E. Full Name, Mailing Address and Zip Code Bob Ney for Congress P.O. Box 490 St Clairsville, OH 43950-	Contr. to Rep. Ney, OH-18 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/29/2000	\$125.00
F. Full Name, Mailing Address and Zip Code Marion Berry for Congress P.O. Box 8094 Jonesboro, AR 72403-	Contr. to Rep. Berry, AR-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/29/2000	\$500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year) / /	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	\$8625.00
TOTAL This Period [last page this line number only]	\$23625.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 9-30-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
Jim N PREPARER	9-25-00 DATE PREPARED