

**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:

X Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

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)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

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

01

01

2004

through

01

31

2004

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

02

20

2004

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: <sup>M</sup>01 <sup>: :</sup>01 <sup>Y</sup>2004 <sup>Y</sup>To: <sup>M</sup>01 <sup>: :</sup>31 <sup>Y</sup>2004 <sup>Y</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		342548.21
(b) Cash on Hand at Beginning of Reporting Period .....	342548.21	
(c) Total Receipts (from Line 19) .....	30761.44	30761.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	373309.65	373309.65
<hr/>		
7. Total Disbursements (from Line 31) .....	65000.00	65000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	308309.65	308309.65
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>01 <sup>D</sup>31 <sup>Y</sup>2004

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) .....	10208.00	
(ii) Unitemized .....	20480.67	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	30688.67	30688.67
(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) .....	30688.67	30688.67
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.) .....	72.77	72.77
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)) .....	30761.44	30761.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30761.44	30761.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	65000.00	65000.00
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.....	0.00	0.00
(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))..... ▶	0.00	0.00
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))..	65000.00	65000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	65000.00	65000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	30688.67	30688.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30688.67	30688.67
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 / 15

(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) <b>A. MR David Apts</b>		Date of Receipt M / D / Y Y Y Y 01 / 06 / 2004
Mailing Address 140 Cheshire Lane		Transaction ID: 0130200412C88643
City Ashland	State KY	Zip Code 41102-7405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Premier Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Draw Bossen</b>		Date of Receipt M / D / Y Y Y Y 01 / 06 / 2004
Mailing Address 4191 Westcott Dr NE		Transaction ID: 0130200412C88604
City Iowa City	State IA	Zip Code 52240-7788
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Progressive Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Cathy Busby</b>		Date of Receipt M / D / Y Y Y Y 01 / 22 / 2004
Mailing Address 1020 Whitney Springs Ct		Transaction ID: 0130200415C89302
City Holly Springs	State NC	Zip Code 27540-9134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physical Solutions	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts TNs Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 7 / 15

(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) <b>A. MS. Lori Gallagher</b>		Date of Receipt M / D / Y 01 / 22 / 2004
Mailing Address 108B Weigand St		Transaction ID: 0130200415C89311
City Encinitas	State CA	Zip Code 92024-6662
FEC ID number of contributing federal political committee. <b>C</b>		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>B. MR. Patrick Graham</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address Rehab Services of Columbus 6298 Veterans Parkway		Transaction ID: 0130200412C88816
City Columbus	State GA	Zip Code 31908-8068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Rehab Services of Columbus	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Beinda Hays</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address PO Box 1192		Transaction ID: 0130200412C88800
City Seymour	State IN	Zip Code 47274-5792
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Progressive PT	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>958.00</b>
<b>TOTAL</b> 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 8 / 15

(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) <b>A. MR. Scott Hahmann</b>		Date of Receipt M / D / Y Y Y Y 01 / 06 / 2004
Mailing Address PD Box 808		Transaction ID: 0130200412C88796
City Hays	State KS	Zip Code 67801-0808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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) <b>B. MR. Robert Huhn</b>		Date of Receipt M / D / Y Y Y Y 01 / 22 / 2004
Mailing Address 134B Crestline Drive		Transaction ID: 0130200415C89303
City Santa Barbara	State CA	Zip Code 93105-4607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Human Performance Center	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Steven Jones</b>		Date of Receipt M / D / Y Y Y Y 01 / 15 / 2004
Mailing Address Beaveron Physical Therapy 13470 SW Farmington Road		Transaction ID: 0130200414C89241
City Beaveron	State OR	Zip Code 97005-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beaveron Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 9 / 15

(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) <b>A. MS. Carolyn Kerby</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 171D Briar St		Transaction ID: 0130200415C89287
City Austin	State TX	Zip Code 78704-3422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Davids OC Health	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Patricia McAdoo</b>		Date of Receipt M / D / Y 01 / 08 / 2004
Mailing Address PO Box 140350		Transaction ID: 0130200412C88841
City Anchorage	State AK	Zip Code 99514-0350
FEC ID number of contributing federal political committee. <b>C</b>		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>C. MR. Barney Poole</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 109 Emerling Lane		Transaction ID: 0130200414C89115
City Peachtree City	State GA	Zip Code 30269-5220
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1500.00</b>
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 / 15

(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) <b>A. MS. Deborah Reed</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address Advanced Rehab Incorporated 1020 C 11th Street		Transaction ID: 0130200412C88812
City	State	Zip Code
Tell City	IN	47586-2130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Rehab Incorporated	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Paul Roeder, JR</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address Centers for Rehab Services 825 Walnut Street		Transaction ID: 0130200414C89266
City	State	Zip Code
Mc Keesport	PA	15132-2806
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>C. MR. Jan Gehring</b>		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address Cascade Physical Therapy 19201 SE Division Street		Transaction ID: 0130200414C89157
City	State	Zip Code
Gresham	OR	97030-5227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cascade Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
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 / 15

(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) <b>A. Carol Schunk</b>		Date of Receipt M / D / Y 01 / 15 / 2004
Mailing Address 19825 Sunshine Way		Transaction ID: 0130200414C89209
City	State	Zip Code
Bend	OR	97702-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer In Home Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Charles Smith</b>		Date of Receipt M / D / Y 01 / 08 / 2004
Mailing Address 2576 Sheridan Rd		Transaction ID: 0130200414C89117
City	State	Zip Code
Petoskey	MI	49770-9705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N. Michigan Rehab Services	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Grace Walker</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address Walker Physical Therapy 1111 W Town and Country Road Ste 1		Transaction ID: 0130200412C88802
City	State	Zip Code
Orange	CA	92868-4635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Walker Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 12 / 15  
(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) <b>A. MS. Olive Whitehead</b>		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address PD Box 37		Transaction ID: 0130200415C89268
City Jackson	State AL	Zip Code 36545-0037
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>B. MR. Daniel Wolfe</b>		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 8208 St Albans Circle		Transaction ID: 0130200415C89452
City Edina	State MN	Zip Code 55439-1149
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Therapy Partners	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Dale Yaha</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 5591 Hedge Brooke Dr NW		Transaction ID: 0130200412C88842
City Acworth	State GA	Zip Code 30101-7109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rehab Solutions	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>10208.00</b>

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

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

FOR LINE NUMBER: PAGE 13 / 15

(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	

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. SunTrust Bank Mailing Address Old Town Branch King Street City State Zip Code Alexandria VA 22314- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 72.77	Date of Receipt M / D / Y U / S / A 01 / 30 / 2004 Transaction ID: 021920048C89882 Amount of Each Receipt this Period 72.77 Other Receipt

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>72.77</b>
TOTAL This Period (last page this line number only) .....	▶	<b>72.77</b>

**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 14 / 15

<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. 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: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D21920049E1356  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

POLITICAL PARTY CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Democratic Senatorial Campaign Cte.

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
POLITICAL PARTY CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D21920049E1354  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

POLITICAL PARTY CONTRIBUTION

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

Mailing Address 310 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
POLITICAL PARTY CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D21920049E1355  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

POLITICAL PARTY CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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 15 / 15

<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. Democratic National Committee

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
POLITICAL PARTY CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D2192D049E1353  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

POLITICAL PARTY CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Linc Pac

Mailing Address 818 Connecticut Avenue, NW  
Suite 1100

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D2192D049E1352  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

5000.00

LEADERSHIP PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

20000.00

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

65000.00