

**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:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)		Primary (12P) X	General (12G)	Runoff (12R)
	January 31 Quarterly Report(YE)	Election on	Convention (12C)	Special (12S)	
	July 31 Mid-Year Report(Non-election Year Only) (MY)				in the State of VA
	Termination Report (TER)		General (30G)	Runoff (30R)	Special (30S)
		Election on			in the State of

5. Covering Period 10 01 2002 through 10 18 2002

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 07 24 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
Physical Therapy Political Action Committee

Report Covering the Period: From: 10 01 2002 To: 10 16 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		223417.39
(b) Cash on Hand at Beginning of Reporting Period .....	274102.23	
(c) Total Receipts (from Line 19) .....	24142.00	361670.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	298244.23	595087.68
7. Total Disbursements (from Line 30) .....	93500.00	380343.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	204744.23	204744.23
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From: <sup>K Y</sup>10 <sup>D</sup>01 <sup>V C Y V</sup>2002 To: <sup>K Y</sup>10 <sup>D</sup>16 <sup>V Y Y V</sup>2002

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) .....	14007.00	
(ii) Unitemized .....	10135.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24142.00	359623.08
(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 32, page 4) .....	24142.00	359623.08
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	1047.21
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	24142.00	361670.29
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	24142.00	361670.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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	244.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	244.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93500.00	376599.14
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	3500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	93500.00	380343.45
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	93500.00	380343.45
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	24142.00	359623.08
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	24142.00	359623.08
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	244.31
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	244.31

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Linda Arslanian**

Mailing Address  
9D5C Ridgefield Circle

City State Zip Code  
Clinton MA 01510-1448

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Partners in Rehab Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 285.00

Transaction ID: 101820024DC775127

Full Name (Last, First, Middle Initial)  
**B. Jane Bakwin**

Mailing Address  
12 Ninth Street Apt 603

City State Zip Code  
Medford MA 02155-5165

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Sparking Rehab Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 350.00

Transaction ID: 101820024DC7750813

Full Name (Last, First, Middle Initial)  
**C. Linda Bell**

Mailing Address  
6009 96th Street W

City State Zip Code  
Bloomington MN 55438-1717

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Aline Home Health Services Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 101820024DC7751020

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **150.00**

**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:  
(check only one)

PAGE 6 / 44

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Joanel Bohmert

Mailing Address  
198 Puma Lane

City State Zip Code  
Mahtomedi MN 55115-6833

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Anoka Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 1002200215C7720724

**B.** Full Name (Last, First, Middle Initial)  
Jack Close

Mailing Address  
Jack D Close and Associates 385D S Eastern Ave Ste 100

City State Zip Code  
Las Vegas NV 89109-3345

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Jack D Close and Associates Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 1018200238C7728448

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Degan

Mailing Address  
625 West 31th Street

City State Zip Code  
Minneapolis MN 55408-2922

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
ElinCare Pro Rehab Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 100220021C771B955

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

**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: (check only one)		PAGE 7 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Sam Denton**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
Therapy Providers of Arkansas      505 East Matthews Suite 205      10 / 16 / 2002

City      State      Zip Code  
Jonesboro      AR      72401-3101      Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.      50.00

Name of Employer      Occupation      Receipt  
Therapy Providers of Arkansas      Physical Therapist

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General      450.00  
Other (specify) ▼

Transaction ID: 1018200240C7752359

**B. Leslie Durst**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
521-A South Santa Fe      10 / 16 / 2002

City      State      Zip Code  
Salina      KS      67401-4162      Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.      250.00

Name of Employer      Occupation      Receipt  
Salina Physical Therapy      Physical Therapist

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General      250.00  
Other (specify) ▼

Transaction ID: 1018200240C7753867

**C. Pauline Fleach**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
1701 N Senate Ave      10 / 02 / 2002

City      State      Zip Code  
Indianapolis      IN      46202-5308      Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.      250.00

Name of Employer      Occupation      Receipt  
Clarion Health      Physical Therapist

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General      750.00  
Other (specify) ▼

Transaction ID: 1002200215C7720576

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      **550.00**

**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: (check only one)		PAGE 8 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Jacqueline Gleason**

Mailing Address  
24782 Castle Hill

City State Zip Code  
Laguna Niguel CA 92677-7443

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 01 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 200.00

Transaction ID: 100220021C7715983

Full Name (Last, First, Middle Initial)  
**B. Scott Hohmann**

Mailing Address  
PO Box 608

City State Zip Code  
Hays KS 67601-0608

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 780.00

Transaction ID: 101820024DC7752799

Full Name (Last, First, Middle Initial)  
**C. Chang-Yu Hsieh**

Mailing Address  
293 North Milton Drive

City State Zip Code  
San Gabriel CA 91775-2818

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 100220021C772D1102

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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



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

Use separate schedule(s)  
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(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Paula Jackson**

Mailing Address  
Kentucky PT 1375 London Hwy Suite 136  
City State Zip Code  
Corbin KY 40701-8351

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Kentucky PT Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: 1002200215C77208106

Full Name (Last, First, Middle Initial)  
**B. Laurie Johnson**

Mailing Address  
430 Hartley Place  
City State Zip Code  
Duluth MN 55803-2473

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 450.00

Transaction ID: 101820024DC77517108

Full Name (Last, First, Middle Initial)  
**C. Seth Kaplan**

Mailing Address  
2040 Oakcliff Drive  
City State Zip Code  
Baton Rouge LA 70810-1858

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 11 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
BRPT Lake Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 200.00

Transaction ID: 101820024DC77428111

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 44

(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Kaufman

Mailing Address

815 McGrann Boulevard

City State Zip Code

Lancaster PA 17601-4518

Date of Receipt

10 / 01 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 510.00

Transaction ID: 1002200224C77133113

Full Name (Last, First, Middle Initial)

B. Doug Kaiser

Mailing Address

211 West 8th St

City State Zip Code

Cedar Falls IA 50613-2859

Date of Receipt

10 / 02 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 100220021C77203114

Full Name (Last, First, Middle Initial)

C. James Keller

Mailing Address

4495 Avenida de la Luz

City State Zip Code

Yorba Linda CA 92866-3149

Date of Receipt

10 / 16 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 101820024DC77518115

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1175.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 44

(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. Aimee Klein

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
10 / 16 / 2002

15 Boatswains Way

City State Zip Code

Chelsea MA 02150-4017

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 535.00

Transaction ID: 101820024DC77507119

Full Name (Last, First, Middle Initial)

B. Craig Kopet

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
10 / 15 / 2002

Highline PT & Sports Clinic 18258 Sylvester Road SW 102

City State Zip Code

Seattle WA 98166-3094

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 101820024DC77449123

Full Name (Last, First, Middle Initial)

C. Brian Lambert

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
10 / 10 / 2002

269 E 400 So

City State Zip Code

Springville UT 84063-1900

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: 101820024DC77374127

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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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. Steven Lazicki

Date of Receipt

Mailing Address

N M / D C / Y Y Y Y  
10 / 16 / 2002

PO Box 102D

City State Zip Code

Kresgeville PA 18333-1020

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation  
West End Physical Therapy Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 1018200240C77532132

Full Name (Last, First, Middle Initial)

B. Sally LeDuc

Date of Receipt

Mailing Address

N M / D C / Y Y Y Y  
10 / 01 / 2002

1549 Lindsay Drive

City State Zip Code

Reno NV 89523-2518

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 100220021C77187134

Full Name (Last, First, Middle Initial)

C. Kathleen Marzala

Date of Receipt

Mailing Address

N M / D C / Y Y Y Y  
10 / 16 / 2002

256 Whitford Ave

City State Zip Code

Nutley NJ 07110-1820

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 285.00

Transaction ID: 101820024DC77509144

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 13 / 44

(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. Stephen Mc Davitt**

Mailing Address  
Saco Bay Orthopaedic and Sports Ph 100 Foden Rd Suite 103 West  
City State Zip Code  
South Portland ME 04106-4246

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Saco Bay Orthopaedic and Sport Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Receipt  
Transaction ID: 1018200240C77514153

Full Name (Last, First, Middle Initial)  
**B. Rodney Miyasaki**

Mailing Address  
324 East Holly Circle  
City State Zip Code  
Sandy UT 84070-3436

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 01 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Receipt  
Transaction ID: 1002200224C7713515B

Full Name (Last, First, Middle Initial)  
**C. Matlyn Moffat**

Mailing Address  
29 Ludlam Lane  
City State Zip Code  
Locust Valley NY 11560-1724

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
New York University Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Receipt  
Transaction ID: 100220021C77202159

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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  
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(check only one)

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

A. Full Name (Last, First, Middle Initial)  
Hugh Murray

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2002

Mailing Address  
Huntington Physical Therapy 224D 5th Avenue  
City State Zip Code  
Huntington WV 25703-1239

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Huntington Physical Therapy Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 101820024DC77316166

B. Full Name (Last, First, Middle Initial)  
Jane Okubo

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2002

Mailing Address  
6711 Rappahannock Way  
City State Zip Code  
Camichael CA 95608-1552

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Mercy Hospital Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 101820024DC77305176

C. Full Name (Last, First, Middle Initial)  
John Pakazo

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2002

Mailing Address  
4385 Motorway Dr  
City State Zip Code  
Waterford MI 48328-3451

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Neurolabs Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 200.00

Transaction ID: 101820024DC77311183

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1175.00**

**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

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(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. David Pariser**

Mailing Address  
411 38th St

City State Zip Code  
New Orleans LA 70124-1523

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Louisiana State Univ Med Ctr Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00

Receipt  
Transaction ID: 1018200240C77505185

Full Name (Last, First, Middle Initial)  
**B. Elmer Platz**

Mailing Address  
418 Route 515

City State Zip Code  
Vernon NJ 07462-

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Receipt  
Transaction ID: 1018200240C77531193

Full Name (Last, First, Middle Initial)  
**C. Bernay Poole**

Mailing Address  
109 Emerling Lane

City State Zip Code  
Peachtree City GA 30269-3220

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Receipt  
Transaction ID: 1002200215C77208197

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

**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

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(check only one)

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

Full Name (Last, First, Middle Initial)

A. Nancy Reese

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 1 6 / 2 0 0 2

3335 Chimney Rock

City State Zip Code

Conway AR 72034-3314

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation  
University of Central Arkansas Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 530.00

Transaction ID: 101820024DC77533202

Full Name (Last, First, Middle Initial)

B. Suzanne Reese

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 1 6 / 2 0 0 2

1802 S Gary Avenue

City State Zip Code

Tulsa OK 74104-5217

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation  
Univ. of Tulsa Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: 101820024DC77521203

Full Name (Last, First, Middle Initial)

C. Julie Rosen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 1 6 / 2 0 0 2

445 Park Ave

City State Zip Code

Glencoe IL 60022-1527

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: 101820024DC77520212

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **200.00**

**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:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
James Roush

Mailing Address  
4142 E Campbell Ave

City State Zip Code  
Higley AZ 85236-3915

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AZ School of Health Sciences Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 560.00

Receipt  
Transaction ID: 1018200240C77519214

**B.** Full Name (Last, First, Middle Initial)  
Karan Ryan

Mailing Address  
1004 14th St

City State Zip Code  
Marion IA 52302-2559

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kirkwood Physical Therapist Assistant

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Receipt  
Transaction ID: 1018200240C77528216

**C.** Full Name (Last, First, Middle Initial)  
Shirley Sahmann

Mailing Address  
1139 Ralph Terrace

City State Zip Code  
Richmond Heights MO 63117-1528

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 04 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 200.00

Receipt  
Transaction ID: 1018200239C77290217

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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: (check only one)		PAGE 18 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Donna Singer**

Mailing Address  
3420 Waterview Way

City State Zip Code  
Wall NJ 07719-4464

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Sports Care and Physical Rehab Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 1018200238C77263234

Full Name (Last, First, Middle Initial)  
**B. Margaret Soucek**

Mailing Address  
178 West Elm Avenue

City State Zip Code  
Mantua NJ 08051-1510

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 01 / 2002

Amount of Each Receipt this Period  
167.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
UM Hospital Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 334.00

Transaction ID: 1002200224C77130244

Full Name (Last, First, Middle Initial)  
**C. Michala Thorman**

Mailing Address  
3482 Woodbridge Court

City State Zip Code  
La Crosse WI 54601-7263

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt  
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 285.00

Transaction ID: 101820024DC77515254

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **717.00**

**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: (check only one)		PAGE 19 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Victoria Tiley**

Mailing Address  
3808 Kenwood Drive

City State Zip Code  
Hillsborough NC 27278-8949

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 410.00

Receipt  
Transaction ID: 1018200240C77529257

Full Name (Last, First, Middle Initial)  
**B. Linda Towne**

Mailing Address  
7370 Sweetwater Branch

City State Zip Code  
West Chester OH 45069-5010

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 08 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Receipt  
Transaction ID: 1018200238C77300258

Full Name (Last, First, Middle Initial)  
**C. Peter Towne**

Mailing Address  
7370 Sweetwater Branch

City State Zip Code  
West Chester OH 45069-5010

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 15 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 730.00

Receipt  
Transaction ID: 101820024DC7744826D

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

**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  
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(check only one)

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

Full Name (Last, First, Middle Initial)

A. Kelly Townsend

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 1 6 / 2 0 0 2

358 Oneawa Street

City State Zip Code

Kailua HI 06734-

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 330.00

Transaction ID: 1018200240C77524261

Full Name (Last, First, Middle Initial)

B. Pamela Unger

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 0 8 / 2 0 0 2

443 Wentz St

City State Zip Code

Kutztown PA 19530-1033

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 1018200238C77302265

Full Name (Last, First, Middle Initial)

C. Patrick VanBeveren

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
1 0 / 1 6 / 2 0 0 2

2105 West Genesee Street

City State Zip Code

Syracuse NY 13219-1858

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: 101820024DC77522266

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **150.00**

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

A. Jean-Pierre Viel Date of Receipt  
Mt Eden Physical Therapy Center 19845 Lake Chabot Road Suite 205  
Castro Valley CA 94546-4055  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 100.00  
 Name of Employer Occupation Receipt  
Mt Eden Physical Therapy Center Physical Therapist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00  
 Transaction ID: 101820024DC77506269

B. R. Ward Date of Receipt  
University of Utah 520 Wakara Way Ste 302  
Salt Lake City UT 84108-1213  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 1000.00  
 Name of Employer Occupation Receipt  
University of Utah Physical Therapist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1000.00  
 Transaction ID: 101820024DC77318272

C. Michael Werper Date of Receipt  
26635 West Agoura Road Unit 250  
Calabasas CA 91302-3805  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 500.00  
 Name of Employer Occupation Receipt  
Progressive PT Physical Therapist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: 101820024DC77447275

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1600.00**  
**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: (check only one)		PAGE 22 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Pamela White**

Mailing Address  
PO Box 117  
City State Zip Code  
Signal Mountain TN 37377-0117

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 410.00

Receipt  
Transaction ID: 1018200240C77518276

Full Name (Last, First, Middle Initial)  
**B. Kathleen Whoolay**

Mailing Address  
321 N. Larchmont Blvd Ste 825  
City State Zip Code  
Los Angeles CA 90004-6400

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 03 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Receipt  
Transaction ID: 1018200238C7721727B

Full Name (Last, First, Middle Initial)  
**C. Edward Yulek**

Mailing Address  
495 Newburne Pointe  
City State Zip Code  
Bloomfield Hills MI 48304-1418

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Receipt  
Transaction ID: 101820024DC7751128B

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **590.00**

**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: (check only one)		PAGE 23 / 44	
	<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

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 Zane

Mailing Address  
8287 Bridle Path

City Boca Raton State FL Zip Code 33496-1201

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer  
Physical Therapy Institute Occupation  
Physical Therapist Receipt

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1018200241C77606280

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>14007.00</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)

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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				

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. Tom Davis for Congress</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address PO Box 483 City: Dunn Loring, VA State: VA Zip Code: 22027-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. TOM DAVIS, VA-11 (H)		Category/ Type CONTR. TO REP. TOM DAVIS, VA-11 (H)
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE982
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pat Toomey for Congress Committee</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 3615 Congress Street City: Allentown, PA State: PA Zip Code: 18104-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. TOOMEY, PA-15 (H)		Category/ Type CONTR. TO REP. TOOMEY, PA- 15 (H)
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE954
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Roy Blunt</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address Post Office Box 5D100 City: Springfield, MO State: MO Zip Code: 65805-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. BLUNT, MO-7 (H)		Category/ Type CONTR. TO REP. BLUNT, MO-7 (H)
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE963
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Committee</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address 8100 Penn Avenue South #104 City State Zip Code Bloomington MN 55431-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. RAMSTAD, MN-3 (H)		Category/ Type CONTR. TO REP. RAMSTAD, MN-3 (H)	
Candidate Name		Transaction ID: 102220023DE952	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. People for English</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address PO Box 1940 City State Zip Code Erie PA 16507-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. ENGLISH, PA-21 (H)		Category/ Type CONTR. TO REP. ENGLISH, PA-21 (H)	
Candidate Name		Transaction ID: 102220023DE985	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address PO Box 16021 City State Zip Code Alexandria VA 22302-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. HULSHOF, MO-8 (H)		Category/ Type CONTR. TO REP. HULSHOF, MO-8 (H)	
Candidate Name		Transaction ID: 102220023DE989	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sherrod Brown</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address P.O. Box 2884 City: Washington State: DC Zip Code: 20013-		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement CONTR. TO REP. S. BROWN, OH-13 (H)		Category/ Type CONTR. TO REP. S. BROWN, OH-13 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE986
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pete Stark Re-Election Committee</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 8331 City: Fremont State: CA Zip Code: 94537-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. STARK, CA-13 (H)		Category/ Type CONTR. TO REP. STARK, CA- 13 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE949
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Norwood for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 499 City: Evans State: GA Zip Code: 30609-		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement CONTR. TO REP. NORWOOD, GA-10 (H)		Category/ Type CONTR. TO REP. NORWOOD, GA-10 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE950
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(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				

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

Full Name (Last, First, Middle Initial) <b>A. Mike Bilirakis for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 1077 City Tarpon Springs		Amount of Each Disbursement this Period 2000.00	
State FL		Zip Code 34688-	
Purpose of Disbursement CONTR. TO REP. BILIRAKIS, FL-9 (H)		Category/ Type CONTR. TO REP. BILIRAKIS, FL-9 (H)	
Candidate Name		Transaction ID: 102220023DE980	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Adam Smith for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 23628 City Federal Way		Amount of Each Disbursement this Period 1000.00	
State WA		Zip Code 98003-	
Purpose of Disbursement CONTR. TO REP. ADAM SMITH, WA-9 (H)		Category/ Type CONTR. TO REP. ADAM SMITH, WA-9 (H)	
Candidate Name		Transaction ID: 102220023DE975	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. National Republican Senatorial Committ</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address 425 Second Street, NE City Washington		Amount of Each Disbursement this Period 2500.00	
State DC		Zip Code 20002-	
Purpose of Disbursement PARTY CONTRIBUTION		Category/ Type PARTY CONTRIBUTION	
Candidate Name		Transaction ID: 102220023DE955	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼		
State:            District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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				

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

Full Name (Last, First, Middle Initial) <b>A. Andrews for Congress Committee</b>		Date of Disbursement 10 / 03 / 2002	
Mailing Address Box 295 City State Zip Code Oaklyn NJ 08107-		Amount of Each Disbursement this Period -2500.00	
Purpose of Disbursement LOST CHECK TO REP. ANDREWS, NJ-1 (H)		LOST CHECK TO REP. ANDREW- S, NJ-1 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 1018200241E883	
State:            District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. Andrews for Congress Committee</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address Box 295 City State Zip Code Oaklyn NJ 08107-		Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTR. TO REP. ANDREWS, NJ-1 (H)		CONTR. TO REP. ANDREWS, NJ-1 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 102220023DE858	
State:            District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. Luther for Congress Volunteer Cte.</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address 1399 Geneva Ave., North #202 City State Zip Code Oakdale MN 55128-		Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTR. TO REP. LUTHER, MN-6 (H)		CONTR. TO REP. LUTHER, MN- 6 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 102220023DE878	
State:            District:	Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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				

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

Full Name (Last, First, Middle Initial) <b>A. Hasburt for Congress Committee</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 625 City: Batavia State: IL Zip Code: 60510-		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CONTR. TO REP. HASTERT, IL-14 (H)		Category/ Type CONTR. TO REP. HASTERT, IL-14 (H)	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE976	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pallone for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 3037 City: Long Branch State: NJ Zip Code: 07740-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. PALLONE, NJ-6 (H)		Category/ Type CONTR. TO REP. PALLONE, NJ-6 (H)	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE987	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. David Vitter for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 8175 City: Metairie State: LA Zip Code: 70001-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. VITTER, LA-1 (H)		Category/ Type CONTR. TO REP. VITTER, LA- 1 (H)	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 102220023DE978	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress Committee</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address 333 Texas Street Suite 1900 City State Zip Code Shreveport LA 71101-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO REP. MCCRERY, LA-4 (H)		Category/ Type CONTR. TO REP. MCCRERY, LA-4 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 102220023DE986	
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Ted Strickland for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 580 City State Zip Code Lucasville OH 45648-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO REP. STRICKLAND, OH-6 (H)		Category/ Type CONTR. TO REP. STRICKLAND, OH-6 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 102220023DE989	
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. Nadler for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address Village Station P.O. Box 40 City State Zip Code New York NY 10014-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. NADLER, NY-8 (H)		Category/ Type CONTR. TO REP. NADLER, NY- 8 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 102220023DE987	
State:            District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. John D. Dingell for Congress Cte.</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 75214 City State Zip Code Washington DC 20013-5214		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. DINGELL, MI-16 (H)		Category/ Type CONTR. TO REP. DINGELL, MI-16 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE981	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hart for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 2776 City State Zip Code Arlington VA 22202-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. HART, PA-4 (H)		Category/ Type CONTR. TO REP. HART, PA-4 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE974	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Elton Gallegly for Congress</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address 4451 Brookfield Corp. Dr. #200 City State Zip Code Chantilly VA 20151-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. GALLEGLY, CA-23 (H)		Category/ Type CONTR. TO REP. GALLEGLY, CA-23 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE984	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Gary Miller for Congress</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address 721 S. Brea Canyon Road Suite 7 City State Zip Code Walnut CA 91789-		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement CONTR. REP. GARY MILLER, CA-41 (H)	Candidate Name	Category/ Type CONTR. REP. GARY MILLER, CA-41 (H)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE988

Full Name (Last, First, Middle Initial) <b>B. Graves for Congress</b>		Date of Disbursement 10 / 01 / 2002
Mailing Address 4701 NW B2nd Street City State Zip Code Kansas City MO 64151-		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement CONTR. TO REP. GRAVES, MO-6 (H)	Candidate Name	Category/ Type CONTR. TO REP. GRAVES, MO-6 (H)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE942

Full Name (Last, First, Middle Initial) <b>C. Henry E. Brown for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 61858 City State Zip Code Charleston SC 29419-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. H. BROWN, SC-1 (H)	Candidate Name	Category/ Type CONTR. TO REP. H. BROWN, SC-1 (H)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE948

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(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				

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

Full Name (Last, First, Middle Initial) <b>A. American Works Committee</b>			Date of Disbursement 10 / 11 / 2002	
Mailing Address 607 14th Street, NW City: Washington State: DC Zip Code: 20005-			Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION			LEADERSHIP PAC CONTRIBUTION	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 102220023DE977	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Keller for Congress</b>			Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 1453 City: Orlando State: FL Zip Code: 32802-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. KELLER, FL-8 (H)			CONTR. TO REP. KELLER, FL-8 (H)	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 102220023DE995	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Friends of Mary Landrieu, Inc</b>			Date of Disbursement 10 / 04 / 2002	
Mailing Address 650 Poydras Street Suite 1434 City: New Orleans State: LA Zip Code: 70130-			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CONTR. TO SEN. LANDRIEU, LA (S)			CONTR. TO SEN. LANDRIEU, LA (S)	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 102220023DE971	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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(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				

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

Full Name (Last, First, Middle Initial) <b>A. Pickering for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 605 Upland Place City: Alexandria State: VA Zip Code: 22301-		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTR. TO REP. PICKERING, MS-3 (H)		Category/ Type CONTR. TO REP. PICKERING, MS-3 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE957
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Boehner for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 7808-I Cincinnati-Dayton Road City: West Chester State: OH Zip Code: 45069-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTR. TO REP. BOEHNER, OH-8 (H)		Category/ Type CONTR. TO REP. BOEHNER, OH-8 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE943
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kirk for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 8 City: Winnetka State: IL Zip Code: 60093-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. KIRK, IL-10 (H)		Category/ Type CONTR. TO REP. KIRK, IL-10 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE961
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> 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				

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

Full Name (Last, First, Middle Initial) <b>A. Jean Carnahan for Missouri Committee</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address 426 C Street Rear Building City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement CONTR. TO SEN. CARNAHAN, MO (S)		Category/ Type CONTR. TO SEN. CARNAHAN, MO (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE970	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Enzi for Senate</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 2775 City State Zip Code Cody WY 82414-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO SEN. ENZI, WY (S)		Category/ Type CONTR. TO SEN. ENZI, WY (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE956	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. McNulty for Congress Committee</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 75214 City State Zip Code Washington DC 20013-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. MCNULTY, NY-21 (H)		Category/ Type CONTR. TO REP. MCNULTY, NY-21 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE951	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> 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
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Sherman for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 75214 City: Los Angeles State: CA Zip Code: 90071-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO REP. SHERMAN, CA-24 (H)		Category/ Type CONTR. TO REP. SHERMAN, CA-24 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE964
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mario Diaz-Balart for Congress</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CAND. M. DIAZ-BALART, FL-25 (H)		Category/ Type CAND. M. DIAZ-BALART, FL- 25 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE997
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tom Feeney for Congress</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address 1420 Alafaya Trail Suite 103 City: Oviedo State: FL Zip Code: 32765-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTR. TO CAND. FEENEY, FL-24 (H)		Category/ Type CONTR. TO CAND. FEENEY, FL-24 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE992
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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				

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

Full Name (Last, First, Middle Initial) <b>A. Bob Clement for U.S. Senate</b>		Date of Disbursement 10 / 11 / 2002	
Mailing Address 110B East Broad Street City Falls Church State VA Zip Code 22046-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO CAND. CLEMENT, TN (S)		Category/ Type CONTR. TO CAND. CLEMENT, TN (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE980	

Full Name (Last, First, Middle Initial) <b>B. Shaheen for Senate</b>		Date of Disbursement 10 / 01 / 2002	
Mailing Address P.O. Box 1510 City Manchester State NH Zip Code 03106-		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement CONTR. TO CAND. SHAHEEN, NH (S)		Category/ Type CONTR. TO CAND. SHAHEEN, NH (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE940	

Full Name (Last, First, Middle Initial) <b>C. Courtney for Congress</b>		Date of Disbursement 10 / 01 / 2002	
Mailing Address 3D1 4th Street, NE City Washington State DC Zip Code 20002-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTR. TO CAND. COURTNEY, CT-2 (H)		Category/ Type CONTR. TO CAND. COURTNEY, CT-2 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE941	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7500.00</b>
<b>TOTAL</b> 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				

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

Full Name (Last, First, Middle Initial) <b>A. Herrera for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address 1820 E. Serene Suite 520-3 City State Zip Code Las Vegas NV 89123-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO CAND. HERRERA, NV-3 (H)		Category/ Type CONTR. TO CAND. HERRERA, NV-3 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE944	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kildee for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 317 City State Zip Code Flint MI 48501-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. KILDEE, MI-9 (H)		Category/ Type CONTR. TO REP. KILDEE, MI- 9 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE945	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Peterson for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 265 City State Zip Code Detroit Lakes MN 56502-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. PETERSON, MN-7 (H)		Category/ Type CONTR. TO REP. PETERSON, MN-7 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE947	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Latham for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 71 City: Clarion State: IA Zip Code: 50525-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTR. TO REP. LATHAM, IA-5 (H)		Category/ Type CONTR. TO REP. LATHAM, IA-5 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE948	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Friends of Congressman George Miller</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 5864 City: Concord State: CA Zip Code: 94524-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTR. REP. GEORGE MILLER, CA-7 (H)		Category/ Type CONTR. REP. GEORGE MILLER, CA-7 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE953	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Lee Terry for Congress</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 16021 City: Alexandria State: VA Zip Code: 22302-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTR. TO REP. TERRY, NE-2 (H)		Category/ Type CONTR. TO REP. TERRY, NE-2 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE960	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Farr</b>			Date of Disbursement 10 / 04 / 2002	
Mailing Address 301 4th Street, NE City Washington State DC Zip Code 20002-			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO REP. FARR, CA-17 (H)			Category/ Type CONTR. TO REP. FARR, CA-17 (H)	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 102220023DE962	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Alaskans for Don Young</b>			Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 7024 City Arlington State VA Zip Code 22207-			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO REP. DON YOUNG, AK (H)			Category/ Type CONTR. TO REP. DON YOUNG, AK (H)	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 102220023DE965	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Linc Pac</b>			Date of Disbursement 10 / 04 / 2002	
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION			Category/ Type LEADERSHIP PAC CONTRIBUTION	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 102220023DE968	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> 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				

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

Full Name (Last, First, Middle Initial) <b>A. Dole 2002 Committee</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 900 Second Street, NE Suite 114 City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO CAND. DOLE, NC (S)	Candidate Name	Category/ Type CONTR. TO CAND. DOLE, NC (S)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE968

Full Name (Last, First, Middle Initial) <b>B. Senator John Warner Committee</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 425 Second Street, NE City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO SEN. WARNER, VA (S)	Candidate Name	Category/ Type CONTR. TO SEN. WARNER, VA (S)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE972

Full Name (Last, First, Middle Initial) <b>C. John Carter for Congress</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 307 West Main City State Zip Code Round Rock TX 78664-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTR. TO CAND. CARTER, TX-31 (H)	Candidate Name	Category/ Type CONTR. TO CAND. CARTER, TX-31 (H)
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: 102220023DE973

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Wilson for Congress</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202-		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement CONTR. TO REP. JOE WILSON, SC-2 (H)		Category/ Type CONTR. TO REP. JOE WILSON, SC-2 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE983
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hal Pac</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address 1155 21st Street, NW Suite 300 City: Washington State: DC Zip Code: 20036-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION		Category/ Type LEADERSHIP PAC CONTRIBUTI- ON
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE991
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democracy Believers PAC</b>		Date of Disbursement 10 / 11 / 2002
Mailing Address 1155 21st Street, NW Suite 300 City: Washington State: DC Zip Code: 20036-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION		Category/ Type LEADERSHIP PAC CONTRIBUTI- ON
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 102220023DE993
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Earl Blumenauer for Congress</b>		Date of Disbursement 10 <sup>th</sup> / 11 <sup>th</sup> / 2002	
Mailing Address 1341 E. Capitol Street, SE Suite 301 City State Zip Code Washington DC 20003-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTR. TO REP. BLUMENAUER, OR-3 (H)		Category/ Type CONTR. TO REP. BLUMENAUER, OR-3 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 102220023DE9B4	
State:                   District:			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>93500.00</b>

