

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 21 1 07 PM '99

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

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

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00012880

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period	06/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 19 99			\$201352.96
(b) Cash on Hand at Beginning of Reporting Period		\$134743.90	
(c) Total Receipts (from Line 19)		\$7488.65	\$24416.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$142242.55	\$225768.64
7. Total Disbursements (from Line 30)		\$52500.00	\$136027.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$89742.55	\$89742.55
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)			
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)			

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Nancy L. Garland

Signature of Treasurer: *Nancy L. Garland*

Date: 7/19/99

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

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

(revised 1/1/91)

NAME OF COMMITTEE Physical Therapy Political Action Committee	REPORT COVERING PERIOD FROM 06/01/99 TO: 06/30/99	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	\$2710.00	\$3810.00
ii. Unitemized	\$4730.00	\$18118.75
iii. Total	\$7440.00	\$22028.75
b. Political Party Committees	\$0.00	\$0.00
c. Other Political Committees (such as PACs)	\$0.00	\$0.00
d. Total Contributions	\$7440.00	\$22028.75
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.)	\$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.)	\$58.65	\$2387.83
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00
19. Total Receipts	\$7498.65	\$24416.68
20. Total Federal Receipts	\$7498.65	\$24416.68
II. DISBURSEMENTS		
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	\$2289.00
c. Total Operating Expenditures	\$0.00	\$2289.00
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$52500.00	\$138758.09
24. Independent Expenditures (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	\$0.00	\$0.00
29. Other Disbursements	\$0.00	\$0.00
30. Total Disbursements	\$52500.00	\$138027.09
31. Total Federal Disbursements	\$52500.00	\$138027.09
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$7440.00	\$22028.75
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$7440.00	\$22028.75
35. Total Federal Operating Expenditures	\$0.00	\$2289.00
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00
37. Net Operating Expenditures	\$0.00	\$2289.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code Janet Downey Hurley Medical Center Physical Therapy Flint, MI 48532-3406	Name of Employer Hurley Medical Center	Date (month, day, year) 06/15/99	Amount of Each Receipt this Period \$30.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Janet Downey Hurley Medical Center Physical Therapy Flint, MI 48532-3406	Name of Employer Hurley Medical Center	Date (month, day, year) 06/15/99	Amount of Each Receipt this Period \$250.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$530.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code John Hendrickson Sports Clinic of Gtr. Mil. 707 West Glencoe Place Bayside, WI 53217-1626	Name of Employer Sports Clinic of Gtr. Mil.	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period \$30.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$30.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code John Hendrickson Sports Clinic of Gtr. Mil. 707 West Glencoe Place Bayside, WI 53217-1626	Name of Employer Sports Clinic of Gtr. Mil.	Date (month, day, year) 06/15/99	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$530.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Justin Hoover 625 S Spring Valley Road Junction City, KS 66441-8418	Name of Employer	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Z Iglarsk Dept. of Physical Therapy Department of Philadelphia College of Pharmacy and Philadelphia, PA 19104-4418	Name of Employer Philadelphia College of Pharma	Date (month, day, year) 06/15/99	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Gwendolyn Parrott 3300 Historic Drive Louisville, KY 40299-1311	Name of Employer	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)

\$2310.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Susan Slater 715 Beechwood Avenue Middlesex, NJ 08846-1206</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 06/14/99</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Louise Yurko 208 Harbor Drive Morehead City, NC 28557-8911</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Date (month, day, year) 06/15/99</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$400.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$2710.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank Old Town Branch King Street Alexandria, VA 22314-		06/30/99	\$58.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2387.93
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$58.65
TOTAL This Period (last page this line number only)	\$58.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio for Congress Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contr. to Rep. Rick Lazio, NY-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$1000.00
B. Full Name, Mailing Address and Zip Code Kennedy for Senate c/o Melissa Maxfield 424 C Street, NE, First Floor Washington, DC 20002-	Contr. to Sen. Ted Kennedy, MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$1000.00
C. Full Name, Mailing Address and Zip Code National Republican Congressional Cte. 320 First Street, SE Washington, DC 20003-	Contribution to NRCC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	\$13000.00
D. Full Name, Mailing Address and Zip Code National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002-	1999 Republican House-Senate Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$3000.00
E. Full Name, Mailing Address and Zip Code Friends of Congressman Mike Forbes 240 Beckwith Avenue Southold, NY 11971-	Contr. to Rep. Mike Forbes, NY-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$1000.00
F. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Road #705 Lutherville, MD 21093-	Contr. to Rep. Ehrlich, MD-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$1000.00
G. Full Name, Mailing Address and Zip Code Citizens for Tom Harkin 426 C Street, NE Washington, DC 20002-	Contr. to Senator Harkin, IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$21000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moran for Congress P.O. Box 2518 Alexandria, VA 22301-	Contr. to Rep. Jim Moran, VA-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$1000.00
B. Full Name, Mailing Address and Zip Code Friends of Baron Hill P.O. Box 1071 Seymour, IN 47274-	Contr. to Rep. Baron Hill, IN-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	\$500.00
C. Full Name, Mailing Address and Zip Code Fletcher for Congress P.O. Box 4703 Lexington, KY 40544-	Contr. to Rep. Fletcher, KY-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$500.00
D. Full Name, Mailing Address and Zip Code Upton for All of Us P.O. Box 490 St Joseph, MI 49085-	Contr. to Rep. Fred Upton, MI-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$1000.00
E. Full Name, Mailing Address and Zip Code Pete Sessions for Congress P.O. Box 38585 Dallas, TX 75238-0585	Contr. to Rep. Sessions, TX-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$1000.00
F. Full Name, Mailing Address and Zip Code Friends of Sam Johnson 118 3rd Street, NE Washington, DC 20002-	Contr. to Rep. Sam Johnson, TX-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$500.00
G. Full Name, Mailing Address and Zip Code Texans for Lamar Smith 4010 Franconia Road Alexandria, VA 22310-2136	Contr. to Rep. Lamar Smith, TX-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Patrick Kennedy P.O. Box 77047 Washington, DC 20013-	Contr. to Rep. Pat Kennedy, RI-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$1000.00
B. Full Name, Mailing Address and Zip Code Baker for Congress P.O. Box 1694 Baton Rouge, LA 70821-	Contr. to Rep. Richard Baker, LA-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$500.00
C. Full Name, Mailing Address and Zip Code J.D. Hayworth for Congress 10789 N. 90th Street #102 Scottsdale, AZ 85260-	Contr. to Rep. J.D. Hayworth, AZ-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/99	\$1000.00
D. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Cte 430 S. Capitol Street, SE Washington, DC 20003-	Annual Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/99	\$15000.00
E. Full Name, Mailing Address and Zip Code Congressional Majority Committee c/o Brian Boyle 3 Lenox Street Chevy Chase, MD 20815-	Bill Thomas Leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/99	\$5000.00
F. Full Name, Mailing Address and Zip Code Doggett for U.S. Congress Committee P.O. Box 5843 Austin, TX 78763-	Contr. to Rep. Doggett, TX-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	\$500.00
G. Full Name, Mailing Address and Zip Code Roth Senate Committee 425 Second Street, SE Washington, DC 20002-	Contr. to Sen. William Roth, DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/99	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$24000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	4	4
FOR LINE NUMBER		
23		

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 38 Ivy Street Washington, DC 20003-	Contr. to Rep. Lois Capps, CA-22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/99	\$500.00
B. Full Name, Mailing Address and Zip Code Jeffords for Vermont 507 Capitol court, NE #100 Washington, DC 20002-	Contr. to Sen. James Jeffords, VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/99	\$1000.00
C. Full Name, Mailing Address and Zip Code Northern Lights PAC 1537 Shipview Road Annapolis, MD 21401-	Contribution to Leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/99	\$1000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$2500.00
TOTAL This Period (last page this line number only)	\$52500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jed</i> PREPARER	7-21-99 DATE PREPARED