

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

5. Covering Period 06 01 2002 through 06 30 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 Nancy J. Garland
Signature of Treasurer Electronically Filed by Nancy J. Garland Date 07 17 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: 06 01 2002 To: 06 30 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	259843.25	
(c) Total Receipts (from Line 19)	63951.44	218315.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	323794.69	441732.75
7. Total Disbursements (from Line 30)	48500.00	166438.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	275294.69	275294.69
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	

VA

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: ^{MM}06 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}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)	26737.00	
(ii) Unitemized	36088.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62825.75	216689.75
(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)	62825.75	216689.75
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.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	125.69	625.61
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)	63951.44	218315.36
20. Total Federal Receipts (subtract Line 18 from Line 19)	63951.44	218315.36

DETAILED SUMMARY PAGE

of Disbursements

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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.....	48500.00	166193.75
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	48500.00	166438.06
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	48500.00	166438.06
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	62825.75	216689.75
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	62825.75	216689.75
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: PAGE 5 / 49

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Jacqueline Bauman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 10 / 2002

3300B Northwestern Ave

City

State

Zip Code

Hutchinson

KS

67502-2315

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer
Newton Medical Center

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 062020024C7355424

Full Name (Last, First, Middle Initial)

B. Diane Burickman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

402 Vista De La Playa

City

State

Zip Code

Santa Barbara

CA

93109-1701

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

125.00

Name of Employer
Self-Employed

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Transaction ID: 0701200257C7362840

Full Name (Last, First, Middle Initial)

C. Gwen Bennett

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

812 Starin Avenue

City

State

Zip Code

Buffalo

NY

14223-2718

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
University of Buffalo

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 062020022C7308556

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stanley Binkley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 21 / 2002

2234 NW Watters Street

City State Zip Code

Roseburg OR 97470-1764

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 200.00

Name of Employer Occupation
Roseburg Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 0701200257C7373862

Full Name (Last, First, Middle Initial)

B. Richard Bowling

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

5119 Cole Road

City State Zip Code

Murrysville PA 15668-9408

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
CRS Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 0701200257C7386977

Full Name (Last, First, Middle Initial)

C. Jeffrey Boyles

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

625 county road 49

City State Zip Code

Hamilton AL 35670-

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 125.00

Name of Employer Occupation
Caraway Hospital Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 405.00

Transaction ID: 0701200257C7382779

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

Full Name (Last, First, Middle Initial)
A. Lynda Brown

Mailing Address
850 Road 5
City State Zip Code
Powell WY 82435-8422

Date of Receipt
M / D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
N. Platte PT Services Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 70.00

Transaction ID: 062020022C7310289

Full Name (Last, First, Middle Initial)
B. Lynda Brown

Mailing Address
850 Road 5
City State Zip Code
Powell WY 82435-8422

Date of Receipt
M / D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
N. Platte PT Services Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 570.00

Transaction ID: 0701200258C7382490

Full Name (Last, First, Middle Initial)
C. Kathy Brunken

Mailing Address
137 East 13th Street
City State Zip Code
Casper WY 82801-4230

Date of Receipt
M / D / Y Y Y Y
06 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Wind City Physical Therapy Physical Therapist

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

Transaction ID: 0701200257C7368192

SUBTOTAL of Receipts This Page (optional) ▶ **1070.00**

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 / 49	
	<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. Kate Burns

Mailing Address
1551 18th Avenue East

City State Zip Code
Seattle WA 98112-2806

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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

Receipt
Transaction ID: 0701200257C7367197

Full Name (Last, First, Middle Initial)
B. Rebecca Byarley

Mailing Address
PO Box 2741

City State Zip Code
Soldotna AK 99669-2741

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
265.00

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) ▼ 265.00

Receipt
Transaction ID: 082020022C73159100

Full Name (Last, First, Middle Initial)
C. Mary Gmochl

Mailing Address
M J Care Inc 2448 S 102nd Street Suite 250

City State Zip Code
Milwaukee WI 53227-2147

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 400.00

Receipt
Transaction ID: 0701200258C73810114

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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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 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. Geraldine Chambers

Mailing Address
9251 39th Ave S

City State Zip Code
Seattle WA 98118-4826

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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 For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 375.00

Receipt
Transaction ID: 0701200257C73626116

Full Name (Last, First, Middle Initial)
B. Daniel Ciolek

Mailing Address
120 Churchill Lane

City State Zip Code
Wilmington DE 19808-4319

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 082020022C73156121

Full Name (Last, First, Middle Initial)
C. Steven Clark

Mailing Address
2386 Scenic View Drive

City State Zip Code
Adel IA 50003-8195

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Clark Physical Therapy Physical Therapist

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

Receipt
Transaction ID: 082020023C73283123

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(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. James Glick

Mailing Address

185 Fike Road

City

State

Zip Code

Waco

KY

40385-9602

Date of Receipt

N M / D E / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
King & Points

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 062020021C72906125

Full Name (Last, First, Middle Initial)

B. Leslie Clodfelter

Mailing Address

10304 N County Road 375 W

City

State

Zip Code

Roachdale

IN

46172-9525

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Greencastle Physical Therapy

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 062020024C73568127

Full Name (Last, First, Middle Initial)

C. Jonathan Cooperman

Mailing Address

4797 Sherman Rd

City

State

Zip Code

Kent

OH

44240-7054

Date of Receipt

N M / D E / Y Y Y Y
06 / 20 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
Rehab and Health Center

Occupation

Physical Therapist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Transaction ID: 0701200257C7361213B

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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 11 / 49	
	<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. Catherine Cummins

Mailing Address
5234 Belle Plains Dr

City State Zip Code
Centreville VA 20120-3344

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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) ▼ 200.00

Receipt
Transaction ID: 062020023C73350153

Full Name (Last, First, Middle Initial)
B. Richard DeMaia

Mailing Address
C/O Dynamic Rehab Services PO Box 26733

City State Zip Code
Elkins Park PA 19027-0733

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 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

Receipt
Transaction ID: 0701200257C73734162

Full Name (Last, First, Middle Initial)
C. Sam Denton

Mailing Address
Therapy Providers of Arkansas 505 East Matthews Suite 205

City State Zip Code
Jonesboro AR 72401-3101

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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: 0701200257C7360316B

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

Use separate schedule(s)
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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. Janet Downey

Mailing Address

Hurley Medical Center/Physical The 1085 S. Linden Rd

City State Zip Code

Flint MI 48532-3429

Date of Receipt

N M / D E / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period

70.00

FEC ID number of contributing
federal political committee.

Name of Employer
Hurley Medical Center/Physical

Occupation
Physical Therapist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Transaction ID: 062020022C73180183

Full Name (Last, First, Middle Initial)

B. Thomas Eggleston

Mailing Address

477 Summerhill View

City State Zip Code

Alpine CA 91901-2783

Date of Receipt

N M / D E / Y Y Y Y
06 / 11 / 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

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 062020022C73184197

Full Name (Last, First, Middle Initial)

C. Paul Erickson

Mailing Address

2903 Denham

City State Zip Code

Arlington TX 76001-8414

Date of Receipt

N M / D E / Y Y Y Y
06 / 12 / 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

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 062020023C73369207

SUBTOTAL of Receipts This Page (optional) ▶

770.00

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 13 / 49	
	<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. Zoe Fackelman

Mailing Address
Suite A Lake Country Phy Therapy and SportsCare PC 241 Pari
City State Zip Code
Canandaigua NY 14424

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Lake County Physical Therapy Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 0701200257C73596209

Full Name (Last, First, Middle Initial)
B. Martha Feretti

Mailing Address
The University of Oklahoma, HSC PO Box 26901
City State Zip Code
Oklahoma City OK 73190-0001

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
The University of Oklahoma, HS Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1035.00

Transaction ID: 082020022C73182217

Full Name (Last, First, Middle Initial)
C. Julaine Florence

Mailing Address
900 S Hanley Road Unit 12A
City State Zip Code
Saint Louis MO 63105-2809

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
2535.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Washington University Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2535.00

Transaction ID: 082020022C73187229

SUBTOTAL of Receipts This Page (optional) ▶ **3585.00**

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 14 / 49

(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. Steven Forbush

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

Millhopper Medical Center 2701NW 23rd Blvd Apt. N 116

City State Zip Code

Gainesville FL 32605-

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Millhopper Medical Center Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1030.00

Transaction ID: 0701200257C73619232

Full Name (Last, First, Middle Initial)

B. Ira Gorman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

254 Mary Beth Rd

City State Zip Code

Evergreen CO 80439-4312

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 70.00

Name of Employer Occupation
Regis University Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 062020022C73113267

Full Name (Last, First, Middle Initial)

C. Neva Greenwald

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

PO Box 4823

City State Zip Code

Jackson MS 39296-4823

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 105.00

Name of Employer Occupation
UMS Medical Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 205.00

Transaction ID: 062020022C73178275

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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 15 / 49	
	<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. Jeanine Gunn

Mailing Address
1213 Lyndon St No 8

City State Zip Code
South Pasadena CA 91030-3746

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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 For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 455.00

Receipt
Transaction ID: 0701200257C73624261

Full Name (Last, First, Middle Initial)
B. Peggy Horton

Mailing Address
822 N Hallett Ave

City State Zip Code
Farmington NM 87401-9116

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
260.00

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) ▼ 260.00

Receipt
Transaction ID: 062020023C73287290

Full Name (Last, First, Middle Initial)
C. Elizabeth Hart-Haines

Mailing Address
19 Ingraham Hill Road

City State Zip Code
Binghamton NY 13903-5505

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 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

Receipt
Transaction ID: 062020023C73469297

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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 16 / 49	
	<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. Judy Hawley

Mailing Address
6185 28th St North

City State Zip Code
Oakdale MN 55128-3503

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MN APTA Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 215.00

Receipt
Transaction ID: 062020022C73148303

Full Name (Last, First, Middle Initial)
B. Belinda Hays

Mailing Address
Progressive Physical Therapy PD Box 1192

City State Zip Code
Seymour IN 47274-3792

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Progressive Physical Therapy Physical Therapist

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

Receipt
Transaction ID: 062020022C73205305

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

Mailing Address
Sports Clinic of Gtr. Mil. 707 West Glencoe Place

City State Zip Code
Bayside WI 53217-1828

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sports Clinic of Gtr. Mil. Physical Therapist

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

Receipt
Transaction ID: 062020022C73091309

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 49

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)
Roger Herr

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Mailing Address
305 E 24th St, Apt PHE

City State Zip Code
New York NY 10010-4061

Amount of Each Receipt this Period
175.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Visiting Nurse Service of NY Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 205.00

Transaction ID: 062020022C73160314

B. Full Name (Last, First, Middle Initial)
Roger Herr

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
305 E 24th St, Apt PHE

City State Zip Code
New York NY 10010-4061

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Visiting Nurse Service of NY Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 705.00

Transaction ID: 0701200258C73880315

C. Full Name (Last, First, Middle Initial)
Paul Hildreth

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2002

Mailing Address
990 Marengo St

City State Zip Code
New Orleans LA 70115-2753

Amount of Each Receipt this Period
100.00

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

Transaction ID: 0701200257C73609320

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 49

(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

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

Mailing Address
PO Box 808

City State Zip Code
Hays KS 67601-0608

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PT Plus Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 380.00

Receipt
Transaction ID: 0701200257C73615332

B. Full Name (Last, First, Middle Initial)
Montez Howard

Mailing Address
3D Springlake Pl

City State Zip Code
Atlanta GA 30318-1646

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shepherd Center Physical Therapist

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

Receipt
Transaction ID: 082020022C730B8338

C. Full Name (Last, First, Middle Initial)
Lynn Jeffries

Mailing Address
16905 Valley Crest

City State Zip Code
Edmond OK 73005-6730

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Oklahoma Health Physical Therapist

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

Receipt
Transaction ID: 0701200258C7391435B

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 / 49	
	<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. Laurie Johnson

Mailing Address
430 Hartley Place

City State Zip Code
Duluth MN 55803-2473

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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: 0701200257C73611364

Full Name (Last, First, Middle Initial)
B. Roy Jenkins

Mailing Address
318 Cooper Lane

City State Zip Code
Easley SC 29642-8211

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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 Assistant

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

Receipt
Transaction ID: 082020022C731B3368

Full Name (Last, First, Middle Initial)
C. Daniel Kasprowiez

Mailing Address
490 West Bandera Ste 26

City State Zip Code
Boerne TX 78006-2539

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Boerne PT Institute Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Receipt
Transaction ID: 0701200257C73613373

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:
(check only one)

PAGE 20 / 49

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. Maureen Kavalir

Mailing Address
6529 N Braeburn Lane

City State Zip Code
Glendale WI 53209-3323

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Quest Therapy Services Physical Therapist

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

Receipt
Transaction ID: 062020022C73109379

Full Name (Last, First, Middle Initial)
B. John Kamp

Mailing Address
420 West 4th Street #200

City State Zip Code
Mishawaka IN 46544-1948

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Quest Therapy Services Physical Therapist

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

Receipt
Transaction ID: 062020022C73053387

Full Name (Last, First, Middle Initial)
C. Paul Kieffer

Mailing Address
Kieffer Physical Therapy Suite 250 Courtyard Offices

City State Zip Code
Selinsgrove PA 17870-

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Kieffer Physical Therapy Physical Therapist

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

Receipt
Transaction ID: 062020022C73242392

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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 21 / 49	
	<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. Full Name (Last, First, Middle Initial)
John Krupa

Mailing Address
173 Mineola Road

City State Zip Code
Mineola NY 11501-2528

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Nassau Sports Care Physical Therapist

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

Receipt
Transaction ID: 0701200257C73635414

B. Full Name (Last, First, Middle Initial)
Carl Kukula

Mailing Address
PT Dept University of Florida PD Box 100154

City State Zip Code
Gainesville FL 32610-0154

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PT Dept University of Florida Physical Therapist

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

Receipt
Transaction ID: 0701200258C73827417

C. Full Name (Last, First, Middle Initial)
Peggy Langewin

Mailing Address
Po Box 854

City State Zip Code
Grand Rapids MN 55744-0854

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Itasca Medical Center Physical Therapist

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

Receipt
Transaction ID: 062020021C72972423

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 49	
	<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. Timothy Lyons

Mailing Address
3328 Whirlaway Rd
City State Zip Code
Dallas TX 75229-5940

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical City Dallas Hospital Physical Therapist

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

Transaction ID: 062020022C73218452

Full Name (Last, First, Middle Initial)
B. Alexander Markovich

Mailing Address
806 Maple Ave
City State Zip Code
La Porte IN 46350-3449

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 062020021C72895461

Full Name (Last, First, Middle Initial)
C. Coburn Marston

Mailing Address
4820 N Highway 19A Ste 2
City State Zip Code
Mount Dora FL 32757-2008

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Magnolia Physical Therapy Physical Therapist

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

Transaction ID: 062020022C73253463

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 49

(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. Ben Massey

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

NC Board of PT Examiners 18 West Colony Place Ste 140

City State Zip Code

Durham NC 27705-5582

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
NC Board of PT Examiners Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 062020022C73048467

Full Name (Last, First, Middle Initial)

B. Peter McMenamin

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

55 E Washington Suite 132D

City State Zip Code

Chicago IL 60602-2561

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 062020022C73240483

Full Name (Last, First, Middle Initial)

C. Barbara Meizer

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

148 Cas Hills Drive

City State Zip Code

San Antonio TX 78215-3322

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation
SW Texas State Univ. Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 062020022C73236486

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 49	
	<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. Pamela Milington

Mailing Address
3081 S Superior Street

City State Zip Code
Milwaukee WI 53207-3063

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VA Medical Center Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 355.00

Receipt
Transaction ID: 062020022C73179499

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
M M / D D / Y Y Y Y
06 / 11 / 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: 062020022C73158500

Full Name (Last, First, Middle Initial)
C. Bryn Chalton

Mailing Address
316 Valley Road

City State Zip Code
Havertown PA 19063-5434

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pain Relief & Physical Therapy Physical Therapist

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

Receipt
Transaction ID: 0701200257C73633543

SUBTOTAL of Receipts This Page (optional) ▶ **1270.00**

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 25 / 49

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Michael O'Kelley

Mailing Address
1519 132nd St SE Suite

City State Zip Code
Everett WA 98208-7203

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 2

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) ▼ 300.00

Receipt
Transaction ID: 0701200257C73595544

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

Mailing Address
411 38th St

City State Zip Code
New Orleans LA 70124-1523

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 2

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) ▼ 200.00

Receipt
Transaction ID: 0701200257C73630560

Full Name (Last, First, Middle Initial)
C. Gwendolyn Parrott

Mailing Address
10712 Eagle Ridge Place

City State Zip Code
Louisville KY 40223-2861

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
70.00

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) ▼ 570.00

Receipt
Transaction ID: 062020022C731B9564

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 26 / 49	
	<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. Full Name (Last, First, Middle Initial)
Gwendolyn Parrott

Mailing Address
10712 Eagle Ridge Place

City State Zip Code
Louisville KY 40223-2681

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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) ▼ 1070.00

Receipt
Transaction ID: 0701200257C73617565

B. Full Name (Last, First, Middle Initial)
Conrad Penner

Mailing Address
3366 Springmill Circle

City State Zip Code
Sarasota FL 34239-6718

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 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

Receipt
Transaction ID: 0701200258C73774568

C. Full Name (Last, First, Middle Initial)
Joan Pasola

Mailing Address
15 Anthony Lane

City State Zip Code
Danvers MA 01923-2261

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 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) ▼ 235.00

Receipt
Transaction ID: 0701200257C73758572

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

A. David Qualls Full Name (Last, First, Middle Initial) Date of Receipt
Mailing Address 7D2 1st Ave N M / D E / Y Y Y Y
06 11 2002
City Sulphur State LA Zip Code 70663-3423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1000.00
Name of Employer Qualls & Company Occupation Physical Therapist Receipt
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00
Transaction ID: 062020022C73221606

B. Suzanne Reesa Full Name (Last, First, Middle Initial) Date of Receipt
Mailing Address 1802 S Gary Avenue N M / D E / Y Y Y Y
06 20 2002
City Tulsa State OK Zip Code 74104-5217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Univ. of Tulsa Occupation Physical Therapist Receipt
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00
Transaction ID: 0701200257C73608611

C. Cheryl Resnik Full Name (Last, First, Middle Initial) Date of Receipt
Mailing Address 1540 East Alcazar Street Chp 155 N M / D E / Y Y Y Y
06 20 2002
City Los Angeles State CA Zip Code 90069-0001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00
Name of Employer USC Occupation Physical Therapist Receipt
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00
Transaction ID: 0701200257C73605614

SUBTOTAL of Receipts This Page (optional) ► **1150.00**
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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 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. Lawrence Rickett

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 25 / 2002

Pelletier Rickett Phys Therapy

124D SE 8th Terrace

City

State

Zip Code

Cape Coral

FL

33990-3210

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

100.00

Name of Employer

Pelletier Rickett Phys Therapy

Occupation

Physical Therapist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 0701200258C73858621

Full Name (Last, First, Middle Initial)

B. Richard Ritter

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

28120 Riggs Court

City

State

Zip Code

Hayward

CA

94542-2438

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

35.00

Name of Employer

Univ. of CA-San Francisco

Occupation

Physical Therapist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Transaction ID: 082020022C73184826

Full Name (Last, First, Middle Initial)

C. Richard Ritter

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 27 / 2002

28120 Riggs Court

City

State

Zip Code

Hayward

CA

94542-2438

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Univ. of CA-San Francisco

Occupation

Physical Therapist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: 0701200258C73879627

SUBTOTAL of Receipts This Page (optional) ▶ **385.00**

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

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

Use separate schedule(s)
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 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. Nancy Raberge

Mailing Address

PO Box 87280

City State Zip Code

Chestnut Hill MA 02467-0003

Date of Receipt

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

Amount of Each Receipt this Period

187.00

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) ▼ 364.00

Transaction ID: 0701200257C73629630

Full Name (Last, First, Middle Initial)

B. Paul Roberts

Mailing Address

Rehabilitation Assoc Inc 60 Livingston St Suite 400

City State Zip Code

Asheville NC 28801-4400

Date of Receipt

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

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 062020022C73055831

Full Name (Last, First, Middle Initial)

C. Glora Rogers

Mailing Address

PO Box 18451

City State Zip Code

Washington DC 20036-

Date of Receipt

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

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 550.00

Transaction ID: 062020022C73164640

SUBTOTAL of Receipts This Page (optional) ▶ **917.00**

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)

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. Julie Rosen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

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 Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 0701200257C73607645

Full Name (Last, First, Middle Initial)

B. Carol Roubal

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 05 / 2002

5866 Carmen Court East

City State Zip Code

Orchard Lake MI 48324-2912

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) ▼ 100.00

Transaction ID: 082020023C73314847

Full Name (Last, First, Middle Initial)

C. Carol Roubal

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 25 / 2002

5866 Carmen Court East

City State Zip Code

Orchard Lake MI 48324-2912

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) ▼ 200.00

Transaction ID: 0701200258C7384464B

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 49	
	<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. James Roush

Mailing Address
4142 E Campbell Ave
City: Higley State: AZ Zip Code: 85236-3915

Date of Receipt
M / D / Y
06 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: AZ School of Health Sciences Occupation: Physical Therapist Receipt

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Transaction ID: 0701200257C73608649

Full Name (Last, First, Middle Initial)
B. Maryann Russo

Mailing Address
3832 Wildwood Street
City: Yorktown Heights State: NY Zip Code: 10598-1129

Date of Receipt
M / D / Y
06 / 20 / 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

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

Transaction ID: 0701200257C73683654

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

Mailing Address
1004 14th St
City: Marion State: IA Zip Code: 52302-2559

Date of Receipt
M / D / Y
06 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Kirkwood Occupation: Physical Therapist Assistant Receipt

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

Transaction ID: 0701200257C73598655

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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 32 / 49	
	<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. Barbara Sanders

Mailing Address
7D17 Auckland Dr
City State Zip Code
Austin TX 78749-4161

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SW Texas State Univ. Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Receipt
Transaction ID: 062020022C73219662

Full Name (Last, First, Middle Initial)
B. Thomas Sansone

Mailing Address
126 East Main Suite 2
City State Zip Code
East Islip NY 11730-2600

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2002

Amount of Each Receipt this Period
100.00

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: 0701200257C73742664

Full Name (Last, First, Middle Initial)
C. Frederick Schomburg

Mailing Address
1197 Route 989
City State Zip Code
Rochester PA 15074-2751

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Pittsburgh Physical Therapist

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

Receipt
Transaction ID: 062020022C73213676

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)
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Detailed Summary Page

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(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. Kathleen Shields

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

9B25 West Manitoba Street Apt 3

City State Zip Code

West Allis WI 53227-3671

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

180.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 210.00

Transaction ID: 062020022C73073688

Full Name (Last, First, Middle Initial)

B. Kathleen Shilus

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

100 Jersey St Apt 803

City State Zip Code

Boston MA 02215-4833

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

135.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 062020022C73081889

Full Name (Last, First, Middle Initial)

C. Kathleen Shilus

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 12 / 2002

100 Jersey St Apt 803

City State Zip Code

Boston MA 02215-4833

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) ▼ 300.00

Transaction ID: 062020023C73283890

SUBTOTAL of Receipts This Page (optional) ▶ **395.00**

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

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

Use separate schedule(s)
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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)
Kenneth Simons

Mailing Address
1068 Main Street Suite A

City State Zip Code
Sanford ME 04073-3606

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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) ▼ 560.00

Transaction ID: 0701200257C73601695

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

Mailing Address
Saint Louis University School of Allied Health Profession

City State Zip Code
Saint Louis MO 63104-1111

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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) ▼ 200.00

Transaction ID: 062020022C73072718

C. Full Name (Last, First, Middle Initial)
Victoria Tilley

Mailing Address
3906 Kenwood Drive

City State Zip Code
Hillsborough NC 27276-8949

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
10.00

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) ▼ 160.00

Transaction ID: 062020022C73140759

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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 35 / 49	
	<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 Hillsborough State NC Zip Code 27278-8949

Date of Receipt
06 / 20 / 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) ▼ 210.00

Transaction ID: 0701200257C73597760

Full Name (Last, First, Middle Initial)
B. Darcy Umphred

Mailing Address
1831 Day Drive

City Carmichael State CA Zip Code 95608-6008

Date of Receipt
06 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer UOP Occupation Physical Therapist Receipt

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

Transaction ID: 082020022C73075767

Full Name (Last, First, Middle Initial)
C. Patrick VanBeveren

Mailing Address
2105 West Genesee Street

City Syracuse State NY Zip Code 13219-1858

Date of Receipt
06 / 20 / 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: 0701200257C73604774

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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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. Jean-Pierre Viel

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

Mt Eden Physical Therapy Center 19845 Lake Chabot Road Suite 205

City State Zip Code

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
Mt Eden Physical Therapy Cente Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 062020022C73241779

Full Name (Last, First, Middle Initial)

B. Gary Waters

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 20 / 2002

18434 SW 67 Court

City State Zip Code

Pembroke Pines FL 33331-4613

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) ▼ 500.00

Transaction ID: 0701200257C73602792

Full Name (Last, First, Middle Initial)

C. Douglas White

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2002

191 Blue Hills Parkway

City State Zip Code

Milton MA 02186-1535

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 062020022C73182804

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 37 / 49	
	<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
M M / D D / Y Y Y Y
06 / 20 / 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) ▼ 250.00

Transaction ID: 0701200257C73610805

Full Name (Last, First, Middle Initial)
B. Robert Wied

Mailing Address
20729 County Hwy AA
City State Zip Code
Sparta WI 54656-8170

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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: 082020023C73386809

Full Name (Last, First, Middle Initial)
C. Louise Yurko

Mailing Address
Carteret PT Associates Inc 3700 Symi Circle
City State Zip Code
Morehead City NC 28557-4309

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Carteret PT Associates Inc Occupation
Physical Therapist

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

Transaction ID: 082020022C731D0834

SUBTOTAL of Receipts This Page (optional)	▶	740.00
TOTAL This Period (last page this line number only)	▶	26737.00

**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 38 / 49
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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. Pete Stark Re-Election Committee

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Mailing Address
P.O. Box 8331

City State Zip Code
Fremont CA 94537-

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Refund of Contribution Made

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

Transaction ID: 0709200221C74358

B.

C.

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

**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 39 / 49
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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. SunTrust Bank

Mailing Address
Old Town Branch King Street
City State Zip Code
Alexandria VA 22314

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
125.69

Name of Employer Occupation Other Receipt

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General
Other (specify) ▼ 825.61

Transaction ID: 0708200247C74134

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	125.69
TOTAL This Period (last page this line number only)	▶	125.69

**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) A. Jim Ramstad Volunteer Committee		Date of Disbursement 06 / 24 / 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			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E851	
State: District:			

Full Name (Last, First, Middle Initial) B. People for English		Date of Disbursement 06 / 24 / 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			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0717200229E850	
State: District:			

Full Name (Last, First, Middle Initial) C. Nussle for Congress Committee		Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 324 City State Zip Code Manchester IA 52057-		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Contr. to Rep. Nussle, IA-2 (H)		Category/ Type Contr. to Rep. Nussle, IA- 2 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0717200229E837	
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Upton for All of Us		Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 490 City State Zip Code St Joseph MI 49085-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Upton, MI-6 (H)		Category/ Type Contr. to Rep. Upton, MI-6 (H)	
Candidate Name		Transaction ID: 0717200229E854	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cte		Date of Disbursement 06 / 24 / 2002	
Mailing Address 430 S. Capitol Street, SE City State Zip Code Washington DC 20003-		Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement Political Party Contribution		Category/ Type Political Party Contribu- tion	
Candidate Name		Transaction ID: 0717200229E848	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 395 City State Zip Code Bakersfield CA 93302-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Thomas, CA-21 (H)		Category/ Type Contr. to Rep. Thomas, CA- 21 (H)	
Candidate Name		Transaction ID: 0717200229E842	
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	17000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cubin for Congress		Date of Disbursement 06 / 24 / 2002
Mailing Address P.O. Box 4657 City Casper State WY Zip Code 82604-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. Cubin, WY (H)		Category/ Type Contr. to Rep. Cubin, WY (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E849
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Deutsch for Congress		Date of Disbursement 06 / 24 / 2002
Mailing Address P.O. Box 817689 City Hollywood State FL Zip Code 33081-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. Deutsch, FL-20 (H)		Category/ Type Contr. to Rep. Deutsch, FL-20 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E840
State: District:		

Full Name (Last, First, Middle Initial) C. Re-Elect McGovern Committee		Date of Disbursement 06 / 24 / 2002
Mailing Address P.O. Box 60405 City Worcester State MA Zip Code 01606-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. McGovern, MA-3 (H)		Category/ Type Contr. to Rep. McGovern, MA-3 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E843
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Langevin for Congress			Date of Disbursement 06 / 24 / 2002	
Mailing Address 301 4th Street, NE City Washington State DC Zip Code 20002-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Langevin, RI-2 (H)			Category/ Type Contr. to Rep. Langevin, RI-2 (H)	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0717200229E845	
State: District:				

Full Name (Last, First, Middle Initial) B. Coulson Campaign Committee			Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 2344 City Glenview State IL Zip Code 60025-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to State Rep. Coulson (IL-H)			Category/ Type Contr. to State Rep. Coul- son (IL-H)	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 0717200229E839	
State: District:				

Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu, Inc			Date of Disbursement 06 / 24 / 2002	
Mailing Address 650 Poydras Street Suite 1434 City New Orleans State LA Zip Code 70130-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Senator Landrieu, LA (S)			Category/ Type Contr. to Senator Landrie- u, LA (S)	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0717200229E838	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Friends of Senator Rockefeller		Date of Disbursement 06 / 27 / 2002
Mailing Address 236 Massachusetts Avenue, NE Suite 310 City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Sen. Rockefeller, WV (S)		Category/ Type Contr. to Sen. Rockefeller, WV (S)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0717200229E857
State: District:		

Full Name (Last, First, Middle Initial) B. Robert Wexler for Congress Committee		Date of Disbursement 06 / 24 / 2002
Mailing Address 2500 N. Military Trail Suite 288 City State Zip Code Boca Raton FL 33431-		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contr. to Rep. Wexler, FL-19 (H)		Category/ Type Contr. to Rep. Wexler, FL- 19 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 0717200229E844
State: District:		

Full Name (Last, First, Middle Initial) C. Jean Carnahan for Missouri Committee		Date of Disbursement 06 / 24 / 2002
Mailing Address P.O. Box 920 City State Zip Code Rolla MO 65402-		Amount of Each Disbursement this Period 2000.00
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 X Primary General Other (specify) ▼	Transaction ID: 0717200229E847
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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) A. Mary Bono for Congress Committee		Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 3370 City State Zip Code Palm Springs CA 92263-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Mary Bono, CA-44 (H)		Category/ Type Contr. to Rep. Mary Bono, CA-44 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0717200229E846	
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Blanche Lincoln		Date of Disbursement 06 / 24 / 2002	
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contr. to Sen. Lincoln, AR (S)		Category/ Type Contr. to Sen. Lincoln, AR (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ Primary 2004	Transaction ID: 0717200229E852	
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of Blanche Lincoln		Date of Disbursement 06 / 24 / 2002	
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Contr. to Sen. Lincoln, AR (S)		Category/ Type Contr. to Sen. Lincoln, AR (S)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ General 2004	Transaction ID: 0717200229E853	
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Tim Murphy for Congress		Date of Disbursement 06 / 27 / 2002	
Mailing Address 128 N. Columbus Street City State Zip Code Alexandria VA 22314-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. to Cand. Murphy, PA-18 (H)		Category/ Type Contr. to Cand. Murphy, PA-18 (H)	
Candidate Name _____		Transaction ID: 0717200229E861	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee		Date of Disbursement 06 / 24 / 2002	
Mailing Address 911 Welsh Ayres Way City State Zip Code Downingtown PA 19335-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. to Cand. Gerlach, PA-6 (H)		Category/ Type Contr. to Cand. Gerlach, PA-6 (H)	
Candidate Name _____		Transaction ID: 0717200229E855	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Citizens for John Olver		Date of Disbursement 06 / 24 / 2002	
Mailing Address 3B Ivy Street, SE City State Zip Code Washington DC 20003-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Olver, MA-1 (H)		Category/ Type Contr. to Rep. Olver, MA-1 (H)	
Candidate Name _____		Transaction ID: 0717200229E841	
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Committee to Elect Greg Hecht		Date of Disbursement 06 / 24 / 2002	
Mailing Address P.O. Box 723057 City Atlanta State GA Zip Code 31139-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. Cand. Greg Hecht, GA-13 (H)		Category/ Type Contr. Cand. Greg Hecht, GA-13 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 0717200229E858	
State: District:			

Full Name (Last, First, Middle Initial) B. Sherman for Congress		Date of Disbursement 06 / 27 / 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-33 (H)		Category/ Type Contr. to Rep. Sherman, CA-33 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0717200229E858	
State: District:			

Full Name (Last, First, Middle Initial) C. Anne Sumers for Congress		Date of Disbursement 06 / 27 / 2002	
Mailing Address 579 Goffle Road City Ridgewood State NJ Zip Code 07450-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Cand. Sumers, NJ-5 (H)		Category/ Type Contr. to Cand. Sumers, NJ-5 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0717200229E858	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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) A. Pastor for Arizona Committee		Date of Disbursement 06 / 27 / 2002	
Mailing Address P.O. Box 6554 City State Zip Code Phoenix AZ 85005-6554		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Pastor, AZ-2 (H)		Category/ Type Contr. to Rep. Pastor, AZ-2 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E860	
State: District:			

Full Name (Last, First, Middle Initial) B. Lincoln Diaz-Balart for Congress		Date of Disbursement 06 / 27 / 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. Rep. Diaz-Balart, FL-21 (H)		Category/ Type Contr. Rep. Diaz-Balart, FL-21 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E862	
State: District:			

Full Name (Last, First, Middle Initial) C. Mario Diaz-Balart for Congress		Date of Disbursement 06 / 27 / 2002	
Mailing Address P.O. Box 2776 City State Zip Code Arlington VA 22202-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. Cand. Diaz-Balart, FL-25 (H)		Category/ Type Contr. Cand. Diaz-Balart, FL-25 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0717200229E863	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	48500.00

