

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Physical Therapy Political Action Committee

ADDRESS (number and street) 1111 North Fairfax Street
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00012690 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)
(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
(c) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day Post-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 08 01 2002 through 08 31 2002

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

Type or Print Name of Treasurer Dave Mason
Signature of Treasurer Electronically Filed by Dave Mason Date 09 20 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: 08 01 2002 To: 08 31 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	298225.15	
(c) Total Receipts (from Line 19)	43630.45	302926.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	341855.60	526343.66
7. Total Disbursements (from Line 30)	27500.00	211988.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	314355.60	314355.60
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}08 ^{DD}01 ^{YYYY}2002 To: ^{MM}08 ^{DD}31 ^{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)	8717.00	
(ii) Unitemized	34772.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43489.00	301028.58
(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)	43489.00	301028.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	141.45	897.69
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)	43630.45	302926.27
20. Total Federal Receipts (subtract Line 18 from Line 19)	43630.45	302926.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	244.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	244.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	208243.75
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.....	3500.00	3500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	27500.00	211988.06
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	27500.00	211988.06
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	43489.00	301028.58
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	43489.00	301028.58
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	244.31
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	244.31

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

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

FOR LINE NUMBER:
(check only one)

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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. David Apts

Mailing Address
140 Cheshire Lane

City State Zip Code
Ashland KY 41102-7405

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 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: 082020020C7528816

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

Mailing Address
12 Ninth Street Apt 603

City State Zip Code
Medford MA 02155-5165

Date of Receipt
M M / D D / Y Y Y Y
08 / 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: 0820200224C75B8928

Full Name (Last, First, Middle Initial)
C. Jerry Bryant

Mailing Address
600 Bluebonnet Dr

City State Zip Code
Findlay OH 45840-1024

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 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: 0820200225C7625288

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 6 / 33	
	<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. David Bryson

Mailing Address
230 Beech St

City State Zip Code
Birmingham AL 35213-2030

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 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: 0920200224C7583589

Full Name (Last, First, Middle Initial)
B. Geraldine Chambers

Mailing Address
8251 38th Ave S

City State Zip Code
Seattle WA 98118-4826

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 500.00

Transaction ID: 0920200224C75808116

Full Name (Last, First, Middle Initial)
C. Amy Christensen

Mailing Address
2819 Wheaton Lane

City State Zip Code
Cheney WA 99004-2188

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 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

Transaction ID: 082020020C75236121

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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 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. Kimberley Cohee

Mailing Address
1507 East 8020 South

City State Zip Code
Sandy UT 84093-6752

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ. Utah Hospital Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 230.00

Receipt
Transaction ID: 0820200224C76103128

Full Name (Last, First, Middle Initial)
B. Mark DeCarlo

Mailing Address
Methodist Sports Medicine Center 201 Pennsylvania Pkwy Suite 235

City State Zip Code
Indianapolis IN 46280-1393

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Methodist Sports Medicine Cent Physical Therapist

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

Receipt
Transaction ID: 082020021C75464168

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
0 8 / 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 Occupation
Therapy Providers of Arkansas Physical Therapist

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

Receipt
Transaction ID: 0820200223C75869184

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

Full Name (Last, First, Middle Initial)

A. Joseph Ditzel

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

8437 Lakebrook Drive

City State Zip Code

Findlay OH 45840-8870

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
NW Ohio Physical Therapy Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 100.00

Transaction ID: 082020020C75218192

Full Name (Last, First, Middle Initial)

B. Joseph Ditzel

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 1 6 / 2 0 0 2

8437 Lakebrook Drive

City State Zip Code

Findlay OH 45840-8870

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
NW Ohio Physical Therapy Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 082020022C75683193

Full Name (Last, First, Middle Initial)

C. Wesley Driggs

Date of Receipt

Mailing Address

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

102 Rue Normandie

City State Zip Code

Eunice LA 70535-8539

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation
Rehab Xcel of Eunice Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 0820200223C75859201

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

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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(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. 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

N M / D E / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lake County Physical Therapy

Occupation
Physical Therapist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 0920200223C75862224

Full Name (Last, First, Middle Initial)

B. Robert Frank

Mailing Address

3D Morgan Road

City State Zip Code

East Greenbush NY 12061-9601

Date of Receipt

N M / D E / Y Y Y Y
08 / 23 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Columbia Physical Therapy PC

Occupation
Physical Therapist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 0920200224C76D55247

Full Name (Last, First, Middle Initial)

C. Jennie Gallagher Rhyme

Mailing Address

318 North Laurel St

City State Zip Code

Lincolnton NC 28092-2912

Date of Receipt

N M / D E / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Workwell Systems Inc.

Occupation
Physical Therapist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 0920200224C76D50283

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

FOR LINE NUMBER: PAGE 10 / 33

(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. Dorothy Gaskin

Date of Receipt

Mailing Address

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

102 Hickory Grove Lane

City State Zip Code

Savannah GA 31405-1031

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Memorial Health Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 0820200224C76015266

Full Name (Last, First, Middle Initial)

B. Karl Gibson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 1 6 / 2 0 0 2

4275 Old New England Road

City State Zip Code

Allison Park PA 15101-1533

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Univ. Pittsburgh Medical Ctr Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 320.00

Transaction ID: 082020021C75367273

Full Name (Last, First, Middle Initial)

C. James Graziano

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 1 5 / 2 0 0 2

7 Roxbury Road

City State Zip Code

Pittsburgh PA 15221-4825

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
RehabCare Group Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 200.00

Transaction ID: 082020022C75647290

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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FOR LINE NUMBER:
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PAGE 11 / 33

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 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)
Darcy Higgins

Mailing Address
61 Farmview Rd

City State Zip Code
Stanardsville VA 22973-3231

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spectrum Physical Therapy Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 130.00

Receipt
Transaction ID: 082020020C75108334

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

Mailing Address
61 Farmview Rd

City State Zip Code
Stanardsville VA 22973-3231

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2002

Amount of Each Receipt this Period
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spectrum Physical Therapy Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Receipt
Transaction ID: 0820200225C76267335

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

Mailing Address
PO Box 608

City State Zip Code
Hays KS 67801-0808

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

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) ▼ 580.00

Receipt
Transaction ID: 0820200223C75865346

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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 12 / 33	
	<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. Michael Jaworski

Mailing Address
32113 Bexley Circle

City State Zip Code
Avon Lake OH 44012-2134

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 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: 082020020C75173371

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

Mailing Address
430 Hartley Place

City State Zip Code
Duluth MN 55803-2473

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 350.00

Receipt
Transaction ID: 0820200223C75876378

Full Name (Last, First, Middle Initial)
C. Timothy Kauffman

Mailing Address
815 McGrann Boulevard

City State Zip Code
Lancaster PA 17801-4518

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 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) ▼ 385.00

Receipt
Transaction ID: 0820200225C76158383

SUBTOTAL of Receipts This Page (optional) ▶ **275.00**

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 / 33	
	<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)
Aimee Klein

Mailing Address
15 Boatswains Way

City State Zip Code
Chelsea MA 02150-4017

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 335.00

Transaction ID: 0820200224C75890409

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

Mailing Address
2211 Rockwell Road

City State Zip Code
Riverside CA 92506-5525

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 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: 082020021C75421424

C. Full Name (Last, First, Middle Initial)
Brian Lambert

Mailing Address
269 E 400 So

City State Zip Code
Springville UT 84063-1900

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 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: 082020021C75483435

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 14 / 33	
	<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. Bruce Lanz

Mailing Address
508 Babsinger Road

City State Zip Code
Sherrill NY 13461-1214

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 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

Receipt
Transaction ID: 082020020C75285441

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
08 / 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) ▼ 600.00

Receipt
Transaction ID: 0820200223C75878521

Full Name (Last, First, Middle Initial)
C. Marvin Neal

Mailing Address
601 North 2nd St

City State Zip Code
Amite LA 70422-2122

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Professional Physical Therapy Occupation
Physical Therapist

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

Receipt
Transaction ID: 0820200224C75805543

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 15 / 33	
	<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. 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
08 / 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) ▼ 400.00

Transaction ID: 0920200223C75861562

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
08 / 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

Transaction ID: 0920200224C75804582

Full Name (Last, First, Middle Initial)
C. Georghe Phdar

Mailing Address
133 North Laurel St

City State Zip Code
Hazleton PA 18201-5458

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 092020020C75146800

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 33	
	<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. Nancy Reese

Mailing Address
3335 Chimney Rock

City State Zip Code
Conway AR 72034-3314

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Central Arkansas Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 430.00

Receipt
Transaction ID: 0920200224C76084628

Full Name (Last, First, Middle Initial)
B. Suzanne Reese

Mailing Address
1802 S Gary Avenue

City State Zip Code
Tulsa OK 74104-5217

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ. of Tulsa Physical Therapist

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

Receipt
Transaction ID: 0920200223C75871628

Full Name (Last, First, Middle Initial)
C. Nancy Roberge

Mailing Address
PO Box 67280

City State Zip Code
Chestnut Hill MA 02467-0003

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
167.00

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) ▼ 531.00

Receipt
Transaction ID: 0920200224C75907642

SUBTOTAL of Receipts This Page (optional) ▶ **317.00**

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 / 33	
	<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. Julie Rosen

Mailing Address
445 Park Ave

City State Zip Code
Glencoe IL 60022-1527

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 350.00

Transaction ID: 0920200223C75872650

Full Name (Last, First, Middle Initial)
B. Mary Rosenberg

Mailing Address
7080 Hollywood Blvd Suite 815

City State Zip Code
Hollywood CA 90028-6935

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

Transaction ID: 0920200225C76203651

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

Mailing Address
4142 E Campbell Ave

City State Zip Code
Higley AZ 85236-3915

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 460.00

Transaction ID: 0920200223C75873656

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 33	
	<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. Lemuel Rudd Date of Receipt
Mailing Address N M / D E / Y Y Y Y
124 W Spruce Street 08 / 01 / 2002
City State Zip Code
Sequim WA 98382-3350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation Receipt
Self-Employed Physical Therapist

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

Transaction ID: 082020020C75107659

B. Karan Ryan Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1004 14th St 08 / 20 / 2002
City State Zip Code
Marion IA 52302-2559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation Receipt
Kirkwood Physical Therapist Assistant

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

Transaction ID: 0820200223C75B64662

C. Gendra Ryan Date of Receipt
Mailing Address N M / D E / Y Y Y Y
11 Saybrooke Drive 08 / 20 / 2002
City State Zip Code
Penfield NY 14526-1267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation Receipt
ROHM Physical Therapist

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

Transaction ID: 0820200223C75B63663

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 19 / 33

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)
Debra Scheider

Mailing Address
164 Doncaster Road

City State Zip Code
Kenmore NY 14217-2155

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

Transaction ID: 0820200224C75061676

B. Full Name (Last, First, Middle Initial)
Michelle Schulte-Wieber

Mailing Address
2184 Bagley Way

City State Zip Code
Northfield MN 55057-4700

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 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

Transaction ID: 082020020C75127887

C. Full Name (Last, First, Middle Initial)
Frank Seratch

Mailing Address
1076 Valley of Lakes

City State Zip Code
Hazleton PA 18202-5365

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2002

Amount of Each Receipt this Period
150.00

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: 082020022C75641898

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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)

PAGE 20 / 33

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 Shilue

Mailing Address
100 Jersey St Apt 803

City State Zip Code
Boston MA 02215-4833

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Beth Israel Deaconess Medical Physical Therapist

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

Transaction ID: 0920200224C75894702

Full Name (Last, First, Middle Initial)
B. Carol-Jo Tishenor

Mailing Address
11478 Cull Canyon Road

City State Zip Code
Castro Valley CA 94552-9525

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Kaiser Permanente Physical Therapist

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

Transaction ID: 0920200224C75820758

Full Name (Last, First, Middle Initial)
C. Carol-Jo Tishenor

Mailing Address
11478 Cull Canyon Road

City State Zip Code
Castro Valley CA 94552-9525

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
700.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Kaiser Permanente Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 700.00

Transaction ID: 0920200225C7617176D

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 33

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. Victoria Tiley

Date of Receipt

Mailing Address

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

3808 Kenwood Drive

City

State

Zip Code

Hillsborough

NC

27278-8949

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

50.00

Name of Employer
Self-Employed

Occupation

Receipt

Physical Therapist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

310.00

Transaction ID: 0920200223C75863763

Full Name (Last, First, Middle Initial)

B. Jill Tomassello

Date of Receipt

Mailing Address

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

64 Hunting Ridge Road

City

State

Zip Code

Stamford

CT

06903-3222

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

1000.00

Name of Employer
Advanced PT

Occupation

Receipt

Physical Therapist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

2000.00

Transaction ID: 0920200225C76155768

Full Name (Last, First, Middle Initial)

C. Kely Townsend

Date of Receipt

Mailing Address

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

359 Oneawa Street

City

State

Zip Code

Kailua

HI

96734

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

50.00

Name of Employer
Self-Employed

Occupation

Receipt

Physical Therapist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

230.00

Transaction ID: 0920200223C75868773

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 22 / 33	
	<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 Tritschuh

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2002

Mailing Address
1435 Turkey Oak Run

City State Zip Code
Deland FL 32720-2031

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) ▼ 100.00

Transaction ID: 082020021C75412777

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Mailing Address
1435 Turkey Oak Run

City State Zip Code
Deland FL 32720-2031

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

Transaction ID: 0820200225C7818077B

C. Full Name (Last, First, Middle Initial)
Penala Unger

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Mailing Address
443 Wentz St

City State Zip Code
Kutztown PA 19530-1033

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Center for Advanced Wound Care Physical Therapist

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

Transaction ID: 082020020C75270780

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 23 / 33	
	<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. Patrick VanBeveren

Mailing Address
2105 West Genesee Street

City State Zip Code
Syracuse NY 13219-1656

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 350.00

Receipt
Transaction ID: 0920200223C75870785

Full Name (Last, First, Middle Initial)
B. Jean-Pierre Viel

Mailing Address
Mt Eden Physical Therapy Center 19845 Lake Chabot Road Suite 205

City State Zip Code
Castro Valley CA 94546-4055

Date of Receipt
M M / D D / Y Y Y Y
08 / 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) ▼ 400.00

Receipt
Transaction ID: 0920200224C7589279D

Full Name (Last, First, Middle Initial)
C. 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
08 / 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) ▼ 330.00

Receipt
Transaction ID: 0920200223C75874819

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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 / 33

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. Michelle Wiesner

Mailing Address
4204 Heathmoor Court

City State Zip Code
Lexington KY 40514-1843

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lexington PT Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 100.00

Receipt
Transaction ID: 082020020C75279827

Full Name (Last, First, Middle Initial)
B. Michelle Wiesner

Mailing Address
4204 Heathmoor Court

City State Zip Code
Lexington KY 40514-1843

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lexington PT Physical Therapist

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

Receipt
Transaction ID: 0820200224C76D3982B

Full Name (Last, First, Middle Initial)
C. Patricia Wolfe

Mailing Address
9 Barnside Lane 333 Borthwick Avenue

City State Zip Code
Sandwich MA 02563-2903

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cape Cod Health Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Receipt
Transaction ID: 0820200223C75B87836

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

TOTAL This Period (last page this line number only) ▶ **8717.00**

**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 25 / 33
	<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

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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
08 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
141.45

Name of Employer Occupation Other Receipt

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General
Other (specify) ▼ 897.69

Transaction ID: 0820200226C76413

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	141.45
TOTAL This Period (last page this line number only)	▶	141.45

**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 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Coulson Campaign Committee		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 2344 City: Glenview State: IL Zip Code: 60025-		Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement Other Disbursement Contr. to State Rep. Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: 0920200228E8B1	

B.

C.

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

**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. Becerra for Congress Committee		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Becerra, CA-30 (H)		Category/ Type Contr. to Rep. Becerra, CA-30 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0920200228E887	
State: District:			

Full Name (Last, First, Middle Initial) B. Price for Congress Committee		Date of Disbursement 08 / 29 / 2002	
Mailing Address P.O. Box 1986 City Raleigh State NC Zip Code 27609-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contr. to Rep. Price, NC-4 (H)		Category/ Type Contr. to Rep. Price, NC-4 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 0920200228E892	
State: District:			

Full Name (Last, First, Middle Initial) C. Jerry Weller for Congress		Date of Disbursement 08 / 06 / 2002	
Mailing Address 4451 Brookfield Corporate Drive, # City Chantilly State VA Zip Code 20151-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Weller, IL-11 (H)		Category/ Type Contr. to Rep. Weller, IL- 11 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0920200228E889	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rangel for Congress		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 5577 City State Zip Code New York NY 10027-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Rangel, NY-15 (H)		Category/ Type Contr. to Rep. Rangel, NY-15 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0920200228E885	
State: District:			

Full Name (Last, First, Middle Initial) B. Whitfield for Congress		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 391 City State Zip Code Hopkinsville KY 42241-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Whitfield, KY-1 (H)		Category/ Type Contr. to Rep. Whitfield, KY-1 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0920200228E886	
State: District:			

Full Name (Last, First, Middle Initial) C. Pallone for Congress		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 3037 City State Zip Code Long Branch NJ 07740-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Pallone, NJ-6 (H)		Category/ Type Contr. to Rep. Pallone, NJ-6 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0920200228E882	
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)
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Detailed Summary Page

FOR LINE NUMBER:
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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. Team Emerson		Date of Disbursement 08 / 06 / 2002
Mailing Address Attr: Anne Ekem 1331 H Street, NW 12th Floor City State Zip Code Washington DC 20005-		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Contr. to Rep. Emerson, MO-8 (H)		Category/ Type Contr. to Rep. Emerson, MO-8 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0920200228E8B4
State: District:		

Full Name (Last, First, Middle Initial) B. Bob Barr for Congress		Date of Disbursement 08 / 06 / 2002
Mailing Address P.O. Box 1703 City State Zip Code Duluth CA 95008-1652		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Contr. to Rep. Barr, GA-7 (H)		Category/ Type Contr. to Rep. Barr, GA-7 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 0920200228E8B0
State: District:		

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress Committee		Date of Disbursement 08 / 06 / 2002
Mailing Address P.O. Box 360 City State Zip Code Prescott AR 71857-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. Ross, AR-4 (H)		Category/ Type Contr. to Rep. Ross, AR-4 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 0920200228E8B8
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Graves for Congress		Date of Disbursement 08 / 06 / 2002
Mailing Address 4701 NW 82nd Street City State Zip Code Kansas City MO 64151-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. Graves, MO-8 (H)		Category/ Type Contr. to Rep. Graves, MO-8 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0920200228E879
State: District:		

Full Name (Last, First, Middle Initial) B. Brad Miller Congressional Campaign		Date of Disbursement 08 / 06 / 2002
Mailing Address P.O. Box 20307 City State Zip Code Raleigh NC 27619-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contr. to Cand. Miller, NC-13 (H)		Category/ Type Contr. to Cand. Miller, NC-13 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0920200228E878
State: District:		

Full Name (Last, First, Middle Initial) C. Richardson for Congress		Date of Disbursement 08 / 06 / 2002
Mailing Address P.O. Box 53D12 City State Zip Code Fayetteville NC 28305-		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contr. to Cand. Richardson, NC-8 (H)		Category/ Type Contr. to Cand. Richardson, NC-8 (H)
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0920200228E877
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**

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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 Frank Ballance Jr.		Date of Disbursement 08 / 06 / 2002	
Mailing Address East Macon Street P.O. Box 860 City State Zip Code Warrenton NC 27589-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Cand. Ballance, NC-1 (H)		Category/ Type Contr. to Cand. Ballance, NC-1 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0920200228E878	
State: District:			

Full Name (Last, First, Middle Initial) B. Hawkeye PAC		Date of Disbursement 08 / 06 / 2002	
Mailing Address P.O. Box 7255 City State Zip Code Des Moines IA 50309-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Leadership PAC contribution		Category/ Type Leadership PAC contributi- on	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0920200228E883	
State: District:			

Full Name (Last, First, Middle Initial) C. Americas Majority Trust		Date of Disbursement 08 / 06 / 2002	
Mailing Address 1155 21st Street, NW Suite 300 City State Zip Code Washington DC 20036-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Leadership PAC Contribution		Category/ Type Leadership PAC Contributi- on	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0920200228E890	
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)
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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. Rodney Alexander for Congress		Date of Disbursement 08 / 20 / 2002	
Mailing Address P.O. Box 367 City State Zip Code Quitman LA 71288-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. to Cand. Alexander, LA-5 (H)		Category/ Type Contr. to Cand. Alexander, LA-5 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 0920200228E8B1	
State: District:			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	24000.00

