

**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)

X

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

05

01

2005

through

05

31

2005

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

06

20

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Physical Therapy Political Action Committee

Report Covering the Period: From: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>05 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		287767.95
(b) Cash on Hand at Beginning of Reporting Period .....	262954.40	
(c) Total Receipts (from Line 19) .....	53016.51	161532.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	315970.91	449000.58
<hr/>		
7. Total Disbursements (from Line 31) .....	75500.00	208829.67
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	240470.91	240470.91
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

THIS Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>05 <sup>D</sup>31 <sup>Y</sup>2005

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) .....	20801.00	81609.00
(ii) Unitemized .....	31872.00	78523.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	52673.00	160132.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	52673.00	160132.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	343.51	1400.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	53016.51	161532.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53016.51	161532.63

**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	454.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	454.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	204250.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4125.00
(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	4125.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75500.00	208829.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	75500.00	208829.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	52673.00	160132.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52673.00	156007.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	454.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	454.67

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

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

FOR LINE NUMBER: PAGE 6 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Anderson</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address Mountain Land Rehabilitation 1852 East 7000 South Suite 100		Transaction ID: 50620.C103182
City State Zip Code Salt Lake City UT 84121-6878	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Mountain Land Rehabilitation Receipt For: Primary General Other (specify) ▼	Occupation Physical Therapist Aggregate Year-to-Date ▼ 500.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Mary Bailey-Long</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 844 N Clover Court		Transaction ID: 50620.C102450
City State Zip Code Brea CA 92821-3420	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Western University - PT Dept Receipt For: Primary General Other (specify) ▼	Occupation Physical Therapist Aggregate Year-to-Date ▼ 300.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. William Bandy</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 822 Cartier Ln		Transaction ID: 50620.C102807
City State Zip Code Little Rock AR 72211-5509	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer University of Central Arkansas Receipt For: Primary General Other (specify) ▼	Occupation Physical Therapist Aggregate Year-to-Date ▼ 250.00	Receipt

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 55

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Michael Baskin</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address GT Physical Therapy & Rehab 501 E Main Street		Transaction ID: 50520.C102469
City Louisville	State MS	Zip Code 39339-2737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 334.00
Name of Employer GT Physical Therapy & Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 667.00	

Full Name (Last, First, Middle Initial) <b>B. Katherine Biggs</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 155 Hampshire Drive		Transaction ID: 50520.C102616
City Hamden	State CT	Zip Code 06518-2103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Quinnipiac University	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Stanley Binkley</b>		Date of Receipt M / D / Y 05 / 27 / 2005
Mailing Address 2234 NW Watters Street		Transaction ID: 50520.C103286
City Roseburg	State OR	Zip Code 97470-1764
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Roseburg VAHCS	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1084.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Drew Bossen</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 4191 Westcott Dr NE		Transaction ID: 50520.C102470
City Iowa City	State IA	Zip Code 52240-7788
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Byl</b>		Date of Receipt M / D / Y 05 / 27 / 2005
Mailing Address 12961 Skyline Blvd		Transaction ID: 50620.C103282
City Oakland	State CA	Zip Code 94619-3533
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer UCSF-Department of Physical Th	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Delwel</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 1172 Forthsyth Ln		Transaction ID: 50820.C103175
City Galena	State OH	Zip Code 43021-8034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
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 9 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Stephen Campbell</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 5864 Bellaire Dr		Transaction ID: 50620.C103165
City New Orleans	State LA	Zip Code 70124-1104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Onsite Rehab Services	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Ciolek</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 120 Churchill Lane		Transaction ID: 50620.C103184
City Wilmington	State DE	Zip Code 19808-4319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Erika Clark</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 4947 SW Fomey Street		Transaction ID: 50520.C102887
City Seattle	State WA	Zip Code 98118-5221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>275.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 10 / 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Susan Clarke</b>		Date of Receipt M / D / Y 05 / 05 / 2005
Mailing Address 8132 Los Fuentes Dr		Transaction ID: 50520.C102540
City El Paso	State TX	Zip Code 79912-6656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Barbara Connolly</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address U of Tennessee Health Science Cent Dept of Physical Therapy		Transaction ID: 50620.C103171
City Memphis	State TN	Zip Code 38163-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>125.00</b>
Name of Employer U of Tennessee Health Science	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>285.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Gotter</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Urbana Physical Therapy 1450 East US 38		Transaction ID: 50520.C102806
City Urbana	State OH	Zip Code 43078-9738
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer Urbana Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 11 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Alan Crothers</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 2791 S Ten Mile Road		Transaction ID: 50520.C102446
City Meridian	State ID	Zip Code 83642-6509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. John DeBlaiss</b>		Date of Receipt M / D / Y 05 / 05 / 2005
Mailing Address 1324 Roosevelt Ave		Transaction ID: 50520.C102552
City Martins Ferry	State OH	Zip Code 43935-2106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas DiAngella</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 5230 Kings Mills Rd		Transaction ID: 50520.C102812
City Mason	State OH	Zip Code 45040-2319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>450.00</b>
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 12 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Tracey Estak</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 22310 County Rd 455		Transaction ID: 50520.C102801
City	State	Zip Code
Howay In The Hills	FL	34737-4516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Evans</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 160 Winesap Dr		Transaction ID: 50620.C103172
City	State	Zip Code
Brentwood	CA	94513-5807
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer CA APTA	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ricardo Fernandez</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 893B Patty Lane		Transaction ID: 50520.C10243B
City	State	Zip Code
Orland Park	IL	60462-1463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Northwestern University	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>275.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 55  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        17

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

Full Name (Last, First, Middle Initial) <b>A. Marc Foster</b>		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 5 Auburn Crest Court		Transaction ID: 50620.C109005
City Chicago	State CA	Zip Code 95073-8231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orland Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gayle Gamett</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address Rockingham Memorial Hospital 235 Cantrell Ave		Transaction ID: 50620.C102448
City Harrisonburg	State VA	Zip Code 22801-3248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Rockingham Memorial Hospital	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. Ann Ginn</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address Box 52 Utmck 1924 Alcoa Hwy		Transaction ID: 50620.C102482
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Univ. of TN Med. Ctr.	Occupation Physical Therapist	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>342.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ira Gorman</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 254 Mary Beth Rd		Transaction ID: 50520.C102451
City Evergreen	State CO	Zip Code 80439-4312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Regis University	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Graham</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address P O Box 8068		Transaction ID: 50520.C102688
City Columbus	State GA	Zip Code 31908-8068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer HPRC	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Margaret Grey</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 10 Drummond Rd		Transaction ID: 50520.C102684
City Enfield	State CT	Zip Code 06082-2532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Grey Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 55  
(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) <b>A. Jeanine Gunn</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 887D Loveland-Miamiville Rd		Transaction ID: 50520.C102453
City Loveland	State OH	Zip Code 45140-8732
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Craig Hebert</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Thibodaux Physical Therapy 104 East Bayou Road		Transaction ID: 50520.C102804
City Thibodaux	State LA	Zip Code 70301-2939
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Thibodaux Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Heeke</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 111 Rothsville Station Road		Transaction ID: 50520.C102879
City Litz	State PA	Zip Code 17543-8882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	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: PAGE 16 / 55

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

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

Full Name (Last, First, Middle Initial) <b>A. Shi-Bong Ho</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address Ho Rehabilitation Center, Inc. 18425 Burbank Blvd Suite 413		Transaction ID: 50620.C103163
City Tarzana	State CA	Zip Code 91356-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ho Rehabilitation Center, Inc.	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Hohmann</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address PO Box 608		Transaction ID: 50620.C102675
City Hays	State KS	Zip Code 67901-0608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PT Plus	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Houghton</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 5931 Summerfield Lane		Transaction ID: 50620.C102680
City Haslett	State MI	Zip Code 48840-8568
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Deborah Ingram</b>		Date of Receipt M / D / Y Y Y Y 05 / 04 / 2005
Mailing Address 8337 Mitchell Mill Rd		Transaction ID: 50520.C102527
City Ooltawah	State TN	Zip Code 37363-8837
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Tennessee Center	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. Jerry Jackson</b>		Date of Receipt M / D / Y Y Y Y 05 / 12 / 2005
Mailing Address 355 Gentry Way Ste C		Transaction ID: 50520.C102685
City Reno	State NV	Zip Code 89502-4630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Laurie Johnson</b>		Date of Receipt M / D / Y Y Y Y 05 / 12 / 2005
Mailing Address 430 Hartley Place		Transaction ID: 50520.C102674
City Duluth	State MN	Zip Code 55803-2473
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Workwell Systems Inc.	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Steven Johnson</b>		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 104B Holly Ct.		Transaction ID: 50520.C102859
City Neenah	State WI	Zip Code 54856-3805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Progressive Step Rehab Sv- cs	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. K. Jones</b>		Date of Receipt M / D / Y 05 / 27 / 2005
Mailing Address 3347 Masonic Drive		Transaction ID: 50620.C103288
City Alexandria	State LA	Zip Code 71301-3842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Maureen Kawalar</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 6529 N Braeburn Lane		Transaction ID: 50520.C102455
City Glendale	State WI	Zip Code 53209-3323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 55

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Carol Keller</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 1308 Deer Trail		Transaction ID: 50520.C102721
City Derby	State KS	Zip Code 67037-2062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ilena Kipnis</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 8 Lauren Pond Ct		Transaction ID: 50520.C102811
City Demarest	State NJ	Zip Code 07627-2500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Craig Kopet</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address Highline PT & Sports Clinic 18258 Sylvester Road SW 102		Transaction ID: 50520.C102886
City Seattle	State WA	Zip Code 98168-3064
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Highline PT & Sports Clinic	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Paul Krauszer</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 1737 Arbor Oaks Drive		Transaction ID: 50520.C102882
City Muscatine	State IA	Zip Code 52761-2623
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Land</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address DBA: Dr. Michael Land Physical The Physical Therapy Specialists Inc.,		Transaction ID: 50520.C102454
City Foley	State AL	Zip Code 36535-2417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Physical Therapy Special- ists I	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Peggy Langwin</b>		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address PO Box 41		Transaction ID: 50520.C102731
City Algoma	State WI	Zip Code 54201-0041
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Langton</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 727 Live Oak Drive		Transaction ID: 50520.C102881
City	State	Zip Code
El Cajon	CA	92020-5633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Luedtke-Hoffmann</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 7505 Vista Ridge Court		Transaction ID: 50520.C102447
City	State	Zip Code
Garland	TX	75044-2065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer TNU School Of Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dana Mandel</b>		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address 8842 Route 90		Transaction ID: 50520.C103080
City	State	Zip Code
King Ferry	NY	13081-6717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mandel Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Michael McNeerney</b>		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address C/O Violand & McNeerney PA 5024 Dorsey Hall Dr Suite 103		Transaction ID: 50620.C109067
City Ellicott City	State MD	Zip Code 21042-7711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Violand & McNeerney	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Mengel</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 9827 Estrella Ave		Transaction ID: 50620.C102677
City Temple City	State CA	Zip Code 91780-1417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Fortanasco & Associates	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. Donald Mikrew</b>		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address Haygood Physical Therapy 1024 Independence Blvd		Transaction ID: 50620.C103063
City Virginia Beach	State VA	Zip Code 23455-5503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Haygood Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>875.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Michael Morgan</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 284 Heights Rd		Transaction ID: 50520.C102872
City Darien	State CT	Zip Code 06820-4122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Darien Physical Therapy Center	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Harry Nefpitis</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 15 Rising Ridge Road		Transaction ID: 50620.C103369
City Upper Saddle River	State NJ	Zip Code 07458-1007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PT Center of Teanak	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Newlitz</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 3981 Nassau Circle West		Transaction ID: 50820.C103211
City Englewood	State CO	Zip Code 80113-5128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1350.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Bryan O'Halloran		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address 316 Valley Road		Transaction ID: 50620.C109038
City Havertown	State PA	Zip Code 19083-5434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Pain Relief & Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Michael O'Kelley		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 1519 132nd St SE Suite A		Transaction ID: 50620.C102673
City Everett	State WA	Zip Code 98208-7203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Ostrowski		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 420 Bainbridge Street		Transaction ID: 50620.C103004
City Philadelphia	State PA	Zip Code 19147-1568
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Excel PT	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1600.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 25 / 55  
(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) <b>A. Stanley Paris</b>		Date of Receipt M / D / Y 05 / 27 / 2005
Mailing Address 19 Dolphin Drive		Transaction ID: 50620.C103284
City Saint Augustine	State FL	Zip Code 32080-4530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University Of St Augustine	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Pariser</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 411 38th St		Transaction ID: 50620.C102437
City New Orleans	State LA	Zip Code 70124-1523
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer LSU Health Sciences Center	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Rebekah Parker</b>		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2344 Buccaneer Rd		Transaction ID: 50620.C102423
City Virginia Beach	State VA	Zip Code 23451-1510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 55  
(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) <b>A. Karen Paschal</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address Creighton University-Physical Ther 2500 California Plaza		Transaction ID: 50520.C102820
City Omaha	State NE	Zip Code 68178-0002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Creighton University	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Theodore Pastalan</b>		Date of Receipt M / D / Y 05 / 28 / 2005
Mailing Address 881 Dodson Hill Rd		Transaction ID: 50520.C103240
City Newark Valley	State NY	Zip Code 13811-5134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Catherine Patka</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 19 Dolphin Drive		Transaction ID: 50520.C10245B
City St. Augustine	State FL	Zip Code 32080-4530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer University Of St Augustine	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. David Perry</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 2085 Van Antwerp		Transaction ID: 50620.C103185
City Grosse Pointe Wood	State MI	Zip Code 48236-1622
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Picard</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 2249 River Road South		Transaction ID: 50620.C103189
City St Marys Point	State MN	Zip Code 55043-9775
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer OSI Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. Adala Potter</b>		Date of Receipt M / D / Y 05 / 19 / 2005
Mailing Address 1402 Patten Mills Rd		Transaction ID: 50520.C102864
City Fort Ann	State NY	Zip Code 12827-1721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 55  
(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) <b>A. Myra Pratt</b>		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Springmoor Physical Therapy Center 809 Springmoor Drive		Transaction ID: 50520.C102569
City Raleigh	State NC	Zip Code 27615-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Springmoor Physical Therapy Ce	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Lydia Radosevich</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Ruidoso PT Clinic 439 Mechern Dr		Transaction ID: 50520.C102808
City Ruidoso	State NM	Zip Code 88345-6813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Cheryl Reank</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Dept. of BKN & PT Univ of Southern California		Transaction ID: 50520.C102808
City Los Angeles	State CA	Zip Code 90089-0103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Univ of Southern California	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2150.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

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

Full Name (Last, First, Middle Initial) <b>A. Sandra Riegler</b>		Date of Receipt M / D / Y 05 / 25 / 2005
Mailing Address 230 W Seaview Dr		Transaction ID: 50620.C103183
City	State	Zip Code
Duck Key	FL	33050-3828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lola Rosenbaum</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Cantrell Center for Physical Thera 118 Shadowood Dr		Transaction ID: 50620.C102748
City	State	Zip Code
Warner Robins	GA	31068-6613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cantrell Center for Physi- cal T	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Roth</b>		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address 182 Whites Lane		Transaction ID: 50620.C103018
City	State	Zip Code
Wheeling	WV	26003-1308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Physical Therapy Enterpri- ses	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>625.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 55  
(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) <b>A. Joan Schmidt</b>		Date of Receipt M / D / Y 05 / 26 / 2005
Mailing Address Westwood Physical Therapy 11600 Wilshire Blvd Suite LL14		Transaction ID: 50620.C103266
City Los Angeles	State CA	Zip Code 90025-1733
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Westwood Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Cindy Schwankler</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address Comprehensive Therapy Services 5877 Oberlin Drive Suite 1D6		Transaction ID: 50620.C102803
City San Diego	State CA	Zip Code 92121-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Comprehensive Therapy Services	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jay Segal</b>		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 1537 Bent River Circle		Transaction ID: 50620.C102805
City Birmingham	State AL	Zip Code 35218-5394
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>650.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Scott Silverman</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address Physio therapeutics Inc 2600 Far Hills Ave Suite 103		Transaction ID: 50520.C102440
City Dayton	State OH	Zip Code 45419-1602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Physio therapeutics Inc	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Niki Smolczynski</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 4096 Old Sentry Road		Transaction ID: 50520.C102624
City Allentown	State PA	Zip Code 18104-9793
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ferdinand Gorongon</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address Kanawha Valley Physical Therapy Center		Transaction ID: 50520.C102676
City Dunbar	State WV	Zip Code 25064-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kanawha Valley Physical	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Robin Thompson</b>		Date of Receipt M / D / Y 05 / 27 / 2005
Mailing Address 40 Mustang Mesa		Transaction ID: 50620.C109300
City Santa Fe	State NM	Zip Code 87506-7702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Tibbitt</b>		Date of Receipt M / D / Y 05 / 28 / 2005
Mailing Address 1421 Concord Road		Transaction ID: 50620.C109249
City Mechanicsburg	State PA	Zip Code 17055-1955
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Central PA Rehab Services	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Grace Walker</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address Walker Physical Therapy 1111 W Town and Country Road Ste 1		Transaction ID: 50520.C102472
City Orange	State CA	Zip Code 92668-4635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Walker Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

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

Full Name (Last, First, Middle Initial) <b>A. Joseph Waters</b>		Date of Receipt M / D / Y 05 / 26 / 2005
Mailing Address 5581 Bobwhite Ave		Transaction ID: 50620.C103267
City Kalamazoo	State MI	Zip Code 49009-4593
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physical Therapy One	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. John Werts</b>		Date of Receipt M / D / Y 05 / 19 / 2005
Mailing Address 2919 Strader Road		Transaction ID: 50620.C102896
City Richmond	State IN	Zip Code 47374-9354
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Olive Whitehead</b>		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address PO Box 37		Transaction ID: 50620.C102461
City Jackson	State AL	Zip Code 36545-0037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 55  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. David Wycoff		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address Owasso Physical Therapy Clinic 12326 E 86th Street N		Transaction ID: 50520.C102883
City Owasso	State OK	Zip Code 74055-2543
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer Owasso Physical Therapy Clinic	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>20801.00</b>

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

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

FOR LINE NUMBER: PAGE 35 / 55

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address Old Town Branch King Street		Transaction ID: 50620.C104538
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 343.51
Name of Employer	Occupation	Other Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.63	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>343.51</b>
TOTAL This Period (last page this line number only) .....	▶	<b>343.51</b>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Jim Ramstad Volunteer Committee

Mailing Address 1809 S. Plymouth  
Suite 310B

City Hopkins State MN Zip Code 55905-

Purpose of Disbursement  
CONTR. TO REP. RAMSTAD MN-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1865

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. RAMSTAD MN-3 (H)

Full Name (Last, First, Middle Initial)

B. People for English

Mailing Address PO Box 1940

City Eric State PA Zip Code 16507-

Purpose of Disbursement  
CONTR. TO REP. ENGLISH PA-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1910

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1500.00

CONTR. TO REP. ENGLISH PA-3 (H)

Full Name (Last, First, Middle Initial)

C. Shelley Berkley for Congress

Mailing Address 3089 Conquista Court

City Las Vegas State NV Zip Code 89121-

Purpose of Disbursement  
CONTR. TO REP. BERKLEY NV-1 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1890

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. BERKLEY NV-1 (H)

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Kennedy for Senate

Mailing Address 301 4th Street, NE  
Suite 202

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTR. TO SEN. KENNEDY MA (S)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1862  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

3500.00

CONTR. TO SEN. KENNEDY MA  
(S)

Full Name (Last, First, Middle Initial)  
B. Becerra for Congress Committee

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781-0116

Purpose of Disbursement  
CONTR. TO REP. BECERRA CA-31 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1813  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. BECERRA CA-  
31 (H)

Full Name (Last, First, Middle Initial)  
C. Price for Congress Committee

Mailing Address P.O. Box 1888

City Raleigh State NC Zip Code 27809-

Purpose of Disbursement  
CONTR. TO REP. PRICE NC-4 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1880  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. PRICE NC-4  
(H)

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)  
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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. Hoyer for Congress**

Mailing Address 7905 Malcolm Road #102

City Clinton State MD Zip Code 20735-

Purpose of Disbursement  
CONTR. TO REP. HOYER MD-5 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1859  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
500.00

CONTR. TO REP. HOYER MD-5 (H)

Full Name (Last, First, Middle Initial)  
**B. Friends of Roger Wicker**

Mailing Address P.O. Box 874

City Tupelo State MS Zip Code 38802-

Purpose of Disbursement  
CONTR. TO REP. WICKER MS-1 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1870  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. WICKER MS-1 (H)

Full Name (Last, First, Middle Initial)  
**C. Jerry Weller for Congress**

Mailing Address P.O. Box 15283

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTR. TO REP. WELLER IL-11 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1896  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
2000.00

CONTR. TO REP. WELLER IL-11 (H)

**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

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

Full Name (Last, First, Middle Initial)  
A. Anna Eshoo for Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003-

Purpose of Disbursement  
CONTR. TO REP. ESHOO CA-14 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1868  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. ESHOO CA-14  
(H)

Full Name (Last, First, Middle Initial)  
B. Cardin for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTR. TO REP. CARDIN MD-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1868  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. CARDIN MD-3  
(H)

Full Name (Last, First, Middle Initial)  
C. Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120-

Purpose of Disbursement  
CONTR. TO REP. BARTON TX-8 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1868  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

CONTR. TO REP. BARTON TX-8  
(H)

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

Full Name (Last, First, Middle Initial)  
**A. Citizens for Tom Harkin**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTR. TO SEN. HARKIN IA (S)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
X Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1814  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO SEN. HARKIN IA (S)

Full Name (Last, First, Middle Initial)  
**B. Friends of Lois Capps**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTR. TO REP. CAPPS CA-23 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
X Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1894  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. CAPPS CA-23 (H)

Full Name (Last, First, Middle Initial)  
**C. A Lot of People Who Support Jeff Bingaman**

Mailing Address P.O. Box 2048

City Albuquerque State NM Zip Code 87102-

Purpose of Disbursement  
CONTR. TO SEN. BINGAMAN NM (S)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
X Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1889  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO SEN. BINGAMAN NM (S)

**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  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Ted Strickland for Congress

Mailing Address P.O. Box 580

City Lucasville State OH Zip Code 45648-

Purpose of Disbursement  
CONTR. TO REP. STRICKLAND OH-6 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1863  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. STRICKLAND  
OH-6 (H)

Full Name (Last, First, Middle Initial)  
B. Bachus for Congress

Mailing Address P.O. Box 50444

City Birmingham State AL Zip Code 35250-

Purpose of Disbursement  
CONTR. TO REP. BACHUS AL-6 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1902  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. BACHUS AL-6  
(H)

Full Name (Last, First, Middle Initial)  
C. Richard E. Neal for Congress Cte.

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-

Purpose of Disbursement  
CONTR. TO REP. NEAL MA-2 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1901  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. NEAL MA-2  
(H)

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  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Ben Nelson for U.S. Senate Cte.

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTR. TO SEN. NELSON NE (S)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1878

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

500.00

CONTR. TO SEN. NELSON NE (S)

Full Name (Last, First, Middle Initial)  
B. Ben Nelson for U.S. Senate Cte.

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTR. TO SEN. NELSON NE (S)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006 X Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1877

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

500.00

CONTR. TO SEN. NELSON NE (S)

Full Name (Last, First, Middle Initial)  
C. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301-

Purpose of Disbursement  
CONTR. TO REP. LEWIS GA-5 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006 X Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1903

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. LEWIS GA-5 (H)

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)  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Friends of Duke Cunningham

Mailing Address 4710 Fourth Street

City La Mesa State CA Zip Code 91941-

Purpose of Disbursement  
CONTR TO REP. CUNNINGHAM CA-50 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1806  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR TO REP. CUNNINGHAM  
CA-50 (H)

Full Name (Last, First, Middle Initial)  
B. Friends of Rosa DeLauro

Mailing Address 430 S. Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTR. TO REP. DELAURO CT-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1887  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. DELAURO CT-  
3 (H)

Full Name (Last, First, Middle Initial)  
C. Sam Graves for Congress

Mailing Address P.O. Box 34744

City Kansas City State MO Zip Code 64118-

Purpose of Disbursement  
CONTR. TO REP. GRAVES MO-6 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1881  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. GRAVES MO-6  
(H)

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

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Friends of Mike Ferguson

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. FERGUSON NJ-7 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1868  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

CONTR. TO REP. FERGUSON  
NJ-7 (H)

Full Name (Last, First, Middle Initial)  
B. Friends of Mary Landrieu, Inc

Mailing Address 10 G Street, NE  
Suite 47D

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTR. TO SEN. LANDRIEU LA (S)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1800  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO SEN. LANDRIEU  
LA (S)

Full Name (Last, First, Middle Initial)  
C. Pickering for Congress

Mailing Address 228 S. Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTR. TO REP. PICKERING MS-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1887  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. PICKERING  
MS-3 (H)

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Pickering for Congress**

Mailing Address 228 S. Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTR. TO REP. PICKERING MS-3 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1804

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. PICKERING  
MS-3 (H)

Full Name (Last, First, Middle Initial)

**B. Jefferson Committee**

Mailing Address 650 Poydras Street  
Suite 2245

City New Orleans State LA Zip Code 70130-

Purpose of Disbursement  
CONTR. TO REP. JEFFERSON LA-2 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1857

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. JEFFERSON  
LA-2 (H)

Full Name (Last, First, Middle Initial)

**C. Moran for Kansas**

Mailing Address 228 S. Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTR. TO REP. MORAN KS-1 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1858

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MORAN KS-1  
(H)

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Tim Murphy for Congress

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTR. TO REP. MURPHY PA-18 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1874  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MURPHY PA-18 (H)

Full Name (Last, First, Middle Initial)  
B. Allen for Congress

Mailing Address c/o Lori LaFave  
200 East Jefferson Street

City Falls Church State VA Zip Code 22046-

Purpose of Disbursement  
CONTR. TO REP. ALLEN ME-1 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1898  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. ALLEN ME-1 (H)

Full Name (Last, First, Middle Initial)  
C. McNulty for Congress Committee

Mailing Address P.O. Box 1580

City Troy State NY Zip Code 12183-

Purpose of Disbursement  
CONTR. TO REP. MCNULTY NY-21 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1873  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MCNULTY NY-21 (H)

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Rodney Alexander for Congress

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. ALEXANDER LA-5 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1884  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. ALEXANDER  
LA-5 (H)

Full Name (Last, First, Middle Initial)  
B. Tom Feeney for Congress

Mailing Address P.O. Box 2601

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
CONTR. TO REP. FEENEY FL-24 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1878  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. FEENEY FL-  
24 (H)

Full Name (Last, First, Middle Initial)  
C. Phil Pac

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1893  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

4000.00

LEADERSHIP PAC CONTRIBUTI-  
ON

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Linc Pac**

Mailing Address 301 4th Street, NE  
2nd Floor

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1809  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
5000.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. Earl Blumenauer for Congress**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTR. TO REP. BLUMENAUER OR-3 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1875  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. BLUMENAUER OR-3 (H)

Full Name (Last, First, Middle Initial)  
**C. Chris Chocola for Congress**

Mailing Address P.O. Box 2778

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. CHOCOLA IN-2 (H)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50820.E1884  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. CHOCOLA IN-2 (H)

**SUBTOTAL** of Disbursements This Page (optional) ▶ **7000.00**

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Ed Markey for Congress Committee

Mailing Address P.O. Box 526

City Medford State MA Zip Code 02155-

Purpose of Disbursement  
CONTR. TO REP. MARKEY MA-7 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1876

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

CONTR. TO REP. MARKEY MA-7  
(H)

Full Name (Last, First, Middle Initial)  
B. Renzi for Congress

Mailing Address P.O. Box 2601

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
CONTR. TO REP. RENZI AZ-1 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1889

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. RENZI AZ-1  
(H)

Full Name (Last, First, Middle Initial)  
C. People for Patty Murray

Mailing Address P.O. Box 3662

City Seattle State WA Zip Code 98124-

Purpose of Disbursement  
CONTR. TO SEN. MURRAY WA (S)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50620.E1891

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO SEN. MURRAY WA  
(S)

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. Volunteers for Shimkus**

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. SHIMKUS IL-19 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50620.E1860  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. SHIMKUS IL-19 (H)

Full Name (Last, First, Middle Initial)  
**B. Conaway for Congress**

Mailing Address P.O. Box 51272

City Midland State TX Zip Code 79710-

Purpose of Disbursement  
CONTR. TO REP. CONAWAY TX-11 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50620.E1808  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. CONAWAY TX-11 (H)

Full Name (Last, First, Middle Initial)  
**C. Bishop for Congress**

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. BISHOP UT-1 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50620.E1881  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. BISHOP UT-1 (H)

**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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Myrick for Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237-

Purpose of Disbursement  
CONTR. TO REP. MYRICK NC-9 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1898  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MYRICK NC-9  
(H)

Full Name (Last, First, Middle Initial)  
B. Friends of Connie Mack

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONTR. TO REP. MACK FL-14 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1907  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MACK FL-14  
(H)

Full Name (Last, First, Middle Initial)  
C. Lewis for Congress Committee

Mailing Address 4451 Brookfield Corp. Drive  
Suite 200

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement  
CONTR. TO REP. LEWIS CA-41 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1897  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. LEWIS CA-41  
(H)

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. Walden for Congress**

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031-

Purpose of Disbursement  
CONTR. TO REP. WALDEN OR-2 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/Type

Transaction ID: 50820.E1871  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. WALDEN OR-2 (H)

Full Name (Last, First, Middle Initial)  
**B. Virginia Foxx for Congress**

Mailing Address P.O. Box 1750

City Blowing Rock State NC Zip Code 28605-

Purpose of Disbursement  
CONTR. TO REP. FOXX NC-5 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/Type

Transaction ID: 50820.E1892  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. FOXX NC-5 (H)

Full Name (Last, First, Middle Initial)  
**C. Regula for Congress**

Mailing Address 733 - 42nd Street NW

City Canton State OH Zip Code 44709-

Purpose of Disbursement  
CONTR. TO REP. REGULA OH-16 (H)

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 X Primary General Other (specify) ▼
State:	District		

Category/Type

Transaction ID: 50820.E1905  
Date of Disbursement  
05 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

CONTR. TO REP. REGULA OH-16 (H)

**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)

PAGE 53 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. McIntyre for Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359-

Purpose of Disbursement  
CONTR. TO REP. MCINTYRE NC-7 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1911  
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. MCINTYRE  
NC-7 (H)

Full Name (Last, First, Middle Initial)  
B. Texas Freedom Fund

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1872  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

LEADERSHIP PAC CONTRIBUTI-  
ON

Full Name (Last, First, Middle Initial)  
C. Friends of Dave Weldon

Mailing Address P.O. Box 968

City Melbourne State FL Zip Code 32902-

Purpose of Disbursement  
CONTR. TO REP. WELDON FL-15 (H)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1882  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. WELDON FL-  
15 (H)

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)

PAGE 54 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. IRL-PAC

Mailing Address P.O. Box 10460

City State Zip Code  
Burke VA 22009-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Transaction ID: 50620.E1883

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

LEADERSHIP PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Congressional Black Caucus PAC

Mailing Address 509 C Street, NE

City State Zip Code  
Washington DC 20002-

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Transaction ID: 50620.E1885

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LEE PAC

Mailing Address 2875 Towerview Road  
Suite 100

City State Zip Code  
Hamdon VA 20171-

Purpose of Disbursement  
LEADERSHIP PAC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Transaction ID: 50620.E1885

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

2500.00

LEADERSHIP PAC CONTRIBUTION

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CHC/BOLD PAC

Mailing Address 800 4th Street, SW  
Suite S 720

City Washington State DC Zip Code 20024-

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50820.E1912

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

2500.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

75500.00