

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

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

5. Covering Period 07 01 2002 through 07 31 2002

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

Type or Print Name of Treasurer Dave Mason
Signature of Treasurer Electronically Filed by Dave Mason Date 08 20 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Physical Therapy Political Action Committee

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h07 ^D31 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		223417.39
(b) Cash on Hand at Beginning of Reporting Period	275294.69	
(c) Total Receipts (from Line 19)	40980.46	259295.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	316275.15	482713.21
7. Total Disbursements (from Line 30)	18050.00	184488.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	298225.15	298225.15
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

VA

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From:

07 01 2002

To:

07 31 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12520.00	
(ii) Unitemized	28329.83	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40849.83	257539.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	40849.83	257539.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	130.63	756.24
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	40980.46	259295.82
20. Total Federal Receipts (subtract Line 18 from Line 19)	40980.46	259295.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....		0.00	0.00
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	244.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶		0.00	244.31
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		18050.00	184243.75
24. Independent Expenditure (use Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees.....		0.00	0.00
(b) Political Party Committees.....		0.00	0.00
(c) Other Political Committees (such as PACs).....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶		18050.00	184488.06
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶		18050.00	184488.06
<hr/>			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....		40849.83	257539.58
33. Total Contribution Refunds (from Line 28(d)).....		0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....		40849.83	257539.58
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶		0.00	244.31
36. Offsets to Operating Expenditures (from Line 15, page 3).....		0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶		0.00	244.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 33

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

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

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

Full Name (Last, First, Middle Initial)
A. Steven Anderson

Mailing Address
7511 Mystic Heights Drive

City State Zip Code
Bozeman MT 59715-9574

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Performance & Rehab Physical Therapist

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

Receipt
Transaction ID: 0703200238C7405711

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

Mailing Address
12 Ninth Street Apt 603

City State Zip Code
Medford MA 02155-5165

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spalding Rehab Physical Therapist

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

Receipt
Transaction ID: 0724200211C7478128

Full Name (Last, First, Middle Initial)
C. Diane Bartleman

Mailing Address
402 Vista De La Playa

City State Zip Code
Santa Barbara CA 93109-1701

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 530.00

Receipt
Transaction ID: 0724200211C7482835

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Carl Bauer
 Full Name (Last, First, Middle Initial)
 Mailing Address: Route 3 Box 216
 City: Ashland State: WI Zip Code: 54806-8220
 Date of Receipt: 07 / 08 / 2002
 Amount of Each Receipt this Period: 200.00
 FEC ID number of contributing federal political committee:
 Name of Employer: Memorial Medical Center Occupation: Physical Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00
 Transaction ID: 0709200221C7432836

B. Jeffrey Boyles
 Full Name (Last, First, Middle Initial)
 Mailing Address: 625 county road 49
 City: Hamilton State: AL Zip Code: 35570-
 Date of Receipt: 07 / 23 / 2002
 Amount of Each Receipt this Period: 125.00
 FEC ID number of contributing federal political committee:
 Name of Employer: Caraway Hospital Occupation: Physical Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 530.00
 Transaction ID: 0724200211C7482867

C. Anrie Britun
 Full Name (Last, First, Middle Initial)
 Mailing Address: PO Box 970
 City: Albrightsville State: PA Zip Code: 18210-0970
 Date of Receipt: 07 / 12 / 2002
 Amount of Each Receipt this Period: 150.00
 FEC ID number of contributing federal political committee:
 Name of Employer: Self-Employed Occupation: Physical Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Transaction ID: 0717200228C7451370

SUBTOTAL of Receipts This Page (optional) ▶ **475.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Nancy Byme

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 PO Box 128 _____
 City _____ State _____ Zip Code _____
 Kilmarnock VA 22482-0128

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 10 / 2002

Amount of Each Receipt this Period _____
 200.00

FEC ID number of contributing federal political committee. _____

Name of Employer Self-Employed _____ Occupation _____
 Physical Therapist

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

Transaction ID: 0724200211C7468985

B. Michelle Chitjan

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 22-35 80 Street _____
 City _____ State _____ Zip Code _____
 East Elmhurst NY 11370-1324

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 11 / 2002

Amount of Each Receipt this Period _____
 250.00

FEC ID number of contributing federal political committee. _____

Name of Employer Self-Employed _____ Occupation _____
 Physical Therapist

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

Transaction ID: 0717200228C7450898

C. William Clafford

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 PO Box 727 _____
 City _____ State _____ Zip Code _____
 Lebanon NH 03766-0727

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 08 / 2002

Amount of Each Receipt this Period _____
 500.00

FEC ID number of contributing federal political committee. _____

Name of Employer Self-Employed _____ Occupation _____
 Physical Therapist

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

Transaction ID: 0708200248C7427099

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 33

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

A. Full Name (Last, First, Middle Initial)
Esther Colbran

Mailing Address
172 Brewster Rd

City State Zip Code
Scarsdale NY 10583-1112

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

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Physical Therapist

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

Receipt
Transaction ID: 0709200221C74307106

B. Full Name (Last, First, Middle Initial)
Lynn Colby

Mailing Address
6984 Lakebrook Blvd

City State Zip Code
Columbus OH 43235-4240

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Physical Therapist

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

Receipt
Transaction ID: 0820200258C74865107

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

Mailing Address
2510 Lawrence Lane

City State Zip Code
Homewood IL 60430-1834

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Physical Therapist

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

Receipt
Transaction ID: 0717200228C74420108

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 33

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

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

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

Full Name (Last, First, Middle Initial)
A. Jonathan Cooperman

Mailing Address
4797 Sherman Rd
City State Zip Code
Kent OH 44240-7054

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Rehab and Health Center Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 865.00

Transaction ID: 0724200211C74827113

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

Mailing Address
Sport Clinic 11804 W North Ave
City State Zip Code
Wauwatosa WI 53226-2062

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Sport Clinic Physical Therapist

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

Transaction ID: 0820200258C74838128

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

Mailing Address
Therapy Providers of Arkansas 505 East Matthews Suite 205
City State Zip Code
Jonesboro AR 72401-3101

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Therapy Providers of Arkansas Physical Therapist

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

Transaction ID: 0724200211C74810141

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 33

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

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

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

Full Name (Last, First, Middle Initial)

A. Wesley Driggs

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

102 Rue Normandie

City

State

Zip Code

Eunice

LA

70535-6539

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

50.00

Name of Employer
Rehab Xcel of Eunice

Occupation

Physical Therapist

Receipt

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

200.00

Transaction ID: 0724200211C74821152

Full Name (Last, First, Middle Initial)

B. Frederick Fabrizio

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 08 / 2002

4284 East County Road 36

City

State

Zip Code

Tiffin

OH

44883-9727

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

100.00

Name of Employer
Self-Employed

Occupation

Physical Therapist

Receipt

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

200.00

Transaction ID: 0717200227C7438017B

Full Name (Last, First, Middle Initial)

C. Zoe Feitelman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

Suite A Lake Country Phy

Therapy and Sportscare PC 241 Pari

City

State

Zip Code

Canandaigua

NY

14424

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

50.00

Name of Employer
Lake County Physical Therapy

Occupation

Physical Therapist

Receipt

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

350.00

Transaction ID: 0724200211C7481818D

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Mary Fletcher

Mailing Address
553 Stable Road

City State Zip Code
Indiana PA 15701-9016

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0820200250C74604193

Full Name (Last, First, Middle Initial)
B. James Franco

Mailing Address
Boynton Sport & Back Phys Ther 2809 Woolbright Rd Suite 4A

City State Zip Code
Boynton Beach FL 33436-6634

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Boynton Sport & Back PT Occupation
Physical Therapist

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

Transaction ID: 0724200211C7474719B

Full Name (Last, First, Middle Initial)
C. Susan Geldmeier

Mailing Address
161 Sorrento Forest Dr

City State Zip Code
Blowing Rock NC 28605-9410

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Watauga Medical Center Occupation
Physical Therapist

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

Transaction ID: 0717200228C74664213

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Deborah Granger

Mailing Address
7201 Cuesta Way

City State Zip Code
Rockford MI 48341-8495

Date of Receipt
N M / D E / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0702200228C73851230

Full Name (Last, First, Middle Initial)
B. Jeanine Gunn

Mailing Address
1213 Lyndon St No 6

City State Zip Code
South Pasadena CA 91030-3746

Date of Receipt
N M / D E / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 580.00

Transaction ID: 0724200211C7481323B

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

Mailing Address
118 Old Driftway Lane

City State Zip Code
Califon NJ 07830-3045

Date of Receipt
N M / D E / Y Y Y Y
07 / 26 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 0820200259C74943242

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 33

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

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

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

Full Name (Last, First, Middle Initial)
A. Helen Halop

Mailing Address
2042 Bayleaf Dr

City State Zip Code
Durham NC 27712-2020

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Retired Physical Therapist

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

Receipt
Transaction ID: 0708200247C74135279

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

Mailing Address
PO Box 608

City State Zip Code
Hays KS 67601-0608

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PT Plus Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Receipt
Transaction ID: 0724200211C74B16283

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

Mailing Address
490 Hartley Place

City State Zip Code
Duluth MN 55803-2473

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Physical Therapist

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

Receipt
Transaction ID: 0724200211C74B04313

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Daniel Kasprovicz

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

430 West Bandera Ste 26

City State Zip Code

Boerne TX 78006-2539

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

100.00

Name of Employer Occupation
Boerne PT Institute Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 400.00

Transaction ID: 0724200211C74822323

Full Name (Last, First, Middle Initial)

B. Timothy Kauffman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 25 / 2002

815 McGrann Boulevard

City State Zip Code

Lancaster PA 17601-4518

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

125.00

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 260.00

Transaction ID: 0820200258C74828326

Full Name (Last, First, Middle Initial)

C. Alnea Klein

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

15 Boatswains Way

City State Zip Code

Chelsea MA 02150-4017

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

100.00

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 235.00

Transaction ID: 0724200211C74780340

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Matthew Kraemer

Mailing Address
2B11 Via Asoleado

City State Zip Code
Alpine CA 91901-3173

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0717200228C74509346

Full Name (Last, First, Middle Initial)
B. Angela LaBella

Mailing Address
5 Pent Road

City State Zip Code
Bloomfield CT 06002-1518

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0820200258C74894355

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

Mailing Address
4820 N Highway 19A Ste 2

City State Zip Code
Mount Dora FL 32757-2008

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0724200211C74778402

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Michael Metta

Mailing Address
188 Downes Avenue

City State Zip Code
Staten Island NY 10312-4027

Date of Receipt
N M / D E / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Receipt
Transaction ID: 0724200211C74694405

Full Name (Last, First, Middle Initial)
B. Susan Michlovitz

Mailing Address
8801 Germantown Ave Apt 801

City State Zip Code
Lafayette Hill PA 19444-1110

Date of Receipt
N M / D E / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Receipt
Transaction ID: 0724200211C74789422

Full Name (Last, First, Middle Initial)
C. Janet Mnes

Mailing Address
247 Liberty Avenue

City State Zip Code
Jersey City NJ 07307-4413

Date of Receipt
N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Receipt
Transaction ID: 0703200239C74D58426

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Rodney Miyasaki

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

324 East Holly Circle

City State Zip Code

Sandy UT 84070-3436

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 200.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 400.00

Transaction ID: 0724200211C74795431

Full Name (Last, First, Middle Initial)

B. Mark Nardick

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 12 / 2002

220 S Clarkson St

City State Zip Code

Denver CO 80209-2124

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 0717200228C7451545D

Full Name (Last, First, Middle Initial)

C. Michael O'Keley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

1519 132nd St SE Suite

City State Zip Code

Everett WA 98208-7203

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 350.00

Transaction ID: 0724200211C74819469

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Rick Peaslee Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 49 Loch Heath Lane 07 26 2002
 City State Zip Code
 Youngstown OH 44511-3667 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 200.00
 Name of Employer Occupation Receipt
 Self-Employed Physical Therapist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
 Transaction ID: 0820200250C74833487

B. Adala Potter Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 1402 Patten Mills Rd 07 23 2002
 City State Zip Code
 Fort Ann NY 12827-1721 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 250.00
 Name of Employer Occupation Receipt
 Self-Employed Physical Therapist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: 0724200212C74831505

C. Nancy Reese Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 3935 Chimney Rock 07 08 2002
 City State Zip Code
 Conway AR 72034-3314 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 100.00
 Name of Employer Occupation Receipt
 University of Central Arkansas Physical Therapist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00
 Transaction ID: 0709200221C74278520

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
1602 S Gary Avenue

City State Zip Code
Tulsa OK 74104-5217

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Univ. of Tulsa Physical Therapist

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

Transaction ID: 0724200211C74608521

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

Mailing Address
13184 Oak Farm Drive

City State Zip Code
Woodbridge VA 22192-3817

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Potomac Hospital Physical Therapist

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

Transaction ID: 0717200228C74429522

Full Name (Last, First, Middle Initial)
C. Gendra Riegler

Mailing Address
290 W Seaview Dr

City State Zip Code
Duck Key FL 33050-3828

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Lifeline Home Health Care Physical Therapist

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

Transaction ID: 0724200211C74681532

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Julie Rosen

Mailing Address
445 Park Ave

City State Zip Code
Glencoe IL 60022-1527

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Houston Therapy Physical Therapist

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

Transaction ID: 0724200211C74807542

Full Name (Last, First, Middle Initial)
B. Lola Rosenbaum

Mailing Address
118 Shadowood Dr

City State Zip Code
Warner Robins GA 31088-6613

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

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Houston Therapy Physical Therapist

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

Transaction ID: 0709200221C74834543

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

Mailing Address
4142 E Campbell Ave

City State Zip Code
Higley AZ 85236-3915

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
AZ School of Health Sciences Physical Therapist

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

Transaction ID: 0724200211C74808544

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Karen Ryan

Mailing Address
1004 14th St

City State Zip Code
Marion IA 52302-2559

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Kirkwood Physical Therapist Assistant

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

Transaction ID: 0724200211C74816547

Full Name (Last, First, Middle Initial)
B. Ann Schultheis

Mailing Address
546 W39028 Hwy ZC

City State Zip Code
Dousman WI 53118-9568

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

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Self-Employed Physical Therapist

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

Transaction ID: 0709200221C74321581

Full Name (Last, First, Middle Initial)
C. Kathleen Shilus

Mailing Address
100 Jersey St Apt 803

City State Zip Code
Boston MA 02215-4833

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Beth Israel Deaconess Medical Physical Therapist

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

Transaction ID: 0724200211C74774577

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Lee Staebler

Mailing Address
23 Hollins Lane

City State Zip Code
East Islip NY 11730-3003

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physical Therapist

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

Transaction ID: 0709200221C7427559B

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

Mailing Address
Saint Louis University School of Allied Health Profession

City State Zip Code
Saint Louis MO 63104-1111

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

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Saint Louis University Occupation
Physical Therapist

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

Transaction ID: 0708200247C7416859B

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

Mailing Address
1008 South Cliff Ave

City State Zip Code
Sioux Falls SD 57104-5324

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

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Prairie Rehab Services Occupation
Physical Therapist

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

Transaction ID: 082020020C75036802

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 33

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

A. Mark Staff

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 3221 SW Sunset Trace Circle _____
 City _____ State _____ Zip Code _____
 Palm City FL 34990- _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 10 / 2002

Amount of Each Receipt this Period _____
 100.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 PT & Fitness Institute Physical Therapist

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

Receipt _____
 Transaction ID: 0717200228C74411607

B. Andrzej Stazekowski

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 6586 Meandering Way _____
 City _____ State _____ Zip Code _____
 Bradenton FL 34202-1820

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 18 / 2002

Amount of Each Receipt this Period _____
 200.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Alternative Physical Therapy Physical Therapist

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

Receipt _____
 Transaction ID: 0717200228C74631613

C. Gary Thiry

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 1430 Asheville Highway _____
 City _____ State _____ Zip Code _____
 Hendersonville NC 28791-2302

Date of Receipt _____
 N M / D E / Y Y Y Y
 07 / 23 / 2002

Amount of Each Receipt this Period _____
 250.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Self-Employed Physical Therapist

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

Receipt _____
 Transaction ID: 0724200211C74787632

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Victoria Tiley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

3808 Kenwood Drive

City State Zip Code

Hillsborough NC 27278-8949

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 260.00

Transaction ID: 0724200211C74817638

Full Name (Last, First, Middle Initial)

B. Richard Tibbitt

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 12 / 2002

1421 Concord Road

City State Zip Code

Mechanicsburg PA 17050-1955

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 600.00

Transaction ID: 0717200228C74589645

Full Name (Last, First, Middle Initial)

C. Patrick VanBeveren

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

2105 West Genesee Street

City State Zip Code

Syracuse NY 13219-1858

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation
Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 0724200211C74809648

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
Mt Eden Physical Therapy Center 19845 Lake Chabot Road Suite 205
City State Zip Code
Castro Valley CA 94546-4055

Date of Receipt
N M / D E / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Mt Eden Physical Therapy Center Physical Therapist

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

Transaction ID: 0724200211C74778654

Full Name (Last, First, Middle Initial)
B. Kristin VonNieda

Mailing Address
4860 Ogle Street
City State Zip Code
Philadelphia PA 19127-1905

Date of Receipt
N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Temple University Physical Therapist

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

Transaction ID: 0820200259C74898656

Full Name (Last, First, Middle Initial)
C. Elena Wahlen

Mailing Address
5810 High Dr
City State Zip Code
Shawnee Mission KS 66208-1127

Date of Receipt
N M / D E / Y Y Y Y
07 / 26 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt
Self-Employed Physical Therapist

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

Transaction ID: 0820200259C74894859

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Denise Watson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 16 / 2002

202 Forest Ridge Rd

City State Zip Code

Indiana PA 15701-7443

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1005.00

Name of Employer Occupation
Phoenix Rehabilitation Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1005.00

Transaction ID: 0717200228C74669663

Full Name (Last, First, Middle Initial)

B. Pamela White

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 23 / 2002

P.O. Box 117

City State Zip Code

Signal Mountain TN 37377-0117

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 40.00

Name of Employer Occupation
Self-Employed Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 290.00

Transaction ID: 0724200211C74805674

Full Name (Last, First, Middle Initial)

C. Camille Wilson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 03 / 2002

631 Crestridge Ct

City State Zip Code

Wichita KS 67230-1821

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Wichita State University Physical Therapist

Receipt

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 0708200247C74198682

SUBTOTAL of Receipts This Page (optional) ► **1295.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 33	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address
9 Barnside Lane 333 Borthwick Avenue
City State Zip Code
Sandwich MA 02563-2903

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
100.00

Name of Employer Occupation Receipt
Cape Cod Health Physical Therapist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 265.00

Transaction ID: 0724200211C74783689

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	12520.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 33
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. SunTrust Bank

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
130.63

Name of Employer Occupation Other Receipt

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 756.24
Other (specify) ▼

Transaction ID: 082020022C75679

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	130.63
TOTAL This Period (last page this line number only)	▶	130.63

**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 29 / 33

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

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

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

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus 2002			Date of Disbursement 07 / 18 / 2002	
Mailing Address 203 C Street, NE City: Washington State: DC Zip Code: 20002-			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contr. to Sen. Baucus (S), MT Candidate Name			Contr. to Sen. Baucus (S), MT Transaction ID: 082020023E865	
Office Sought: House Senate President		Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:	Category/ Type			

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress			Date of Disbursement 07 / 18 / 2002	
Mailing Address PO Box 75214 City: Washington State: DC Zip Code: 20013-5214			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contr. to Rep. Pomeroy, ND (H) Candidate Name			Contr. to Rep. Pomeroy, ND (H) Transaction ID: 082020023E871	
Office Sought: House Senate President		Disbursement For: 2002 X Primary General Other (specify) ▼		
State: District:	Category/ Type			

Full Name (Last, First, Middle Initial) C. Price for Congress Committee			Date of Disbursement 07 / 18 / 2002	
Mailing Address P.O. Box 1986 City: Raleigh State: NC Zip Code: 27609-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Price, NC-4 (H) Candidate Name			Contr. to Rep. Price, NC-4 (H) Transaction ID: 082020023E869	
Office Sought: House Senate President		Disbursement For: 2002 X Primary General Other (specify) ▼		
State: District:	Category/ Type			

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)

PAGE 30 / 33

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

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

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

Full Name (Last, First, Middle Initial) A. Friends of Jennifer Dunn		Date of Disbursement 07 / 18 / 2002	
Mailing Address P.O. Box 40110 City Bellevue State WA Zip Code 98015-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contr. to Rep. Dunn, WA-8 (H) Candidate Name		Category/ Type Contr. to Rep. Dunn, WA-8 (H)	
Office Sought: House Senate President State: District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 082020023E874	

Full Name (Last, First, Middle Initial) B. Stabenow for U.S. Senate		Date of Disbursement 07 / 18 / 2002	
Mailing Address P.O. Box 4945 City East Lansing State MI Zip Code 48828-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Sen. Stabenow, MI (S) Candidate Name		Category/ Type Contr. to Sen. Stabenow, MI (S)	
Office Sought: House Senate President State: District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 082020023E873	

Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Cte.		Date of Disbursement 07 / 30 / 2002	
Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013-5214		Amount of Each Disbursement this Period 2050.00	
Purpose of Disbursement Contr. to Rep. Dingell, MI-16 (H) Candidate Name		Category/ Type Contr. to Rep. Dingell, MI-16 (H)	
Office Sought: House Senate President State: District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 082020023E875	

SUBTOTAL of Disbursements This Page (optional) ▶	5050.00
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 31 / 33

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

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

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

Full Name (Last, First, Middle Initial) A. Gary Miller for Congress		Date of Disbursement 07 / 18 / 2002
Mailing Address 721 S. Brea Canyon Road Suite 7 City State Zip Code Walnut CA 91789-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. G.Miller CA-41, (H) Candidate Name		Category/ Type Contr. to Rep. G.Miller CA-41, (H)
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		Transaction ID: 082020023E866

Full Name (Last, First, Middle Initial) B. The Lone Star Fund		Date of Disbursement 07 / 18 / 2002
Mailing Address 489 S. Capitol Street, SW Suite 219 A City State Zip Code Washington DC 20003-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Leadership PAC Candidate Name		Category/ Type Leadership PAC
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		Transaction ID: 082020023E870

Full Name (Last, First, Middle Initial) C. Jerry Moran for Congress		Date of Disbursement 07 / 18 / 2002
Mailing Address c/o 805 Upland Place City State Zip Code Alexandria VA 22301-		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. to Rep. J. Moran, KS-1 (H) Candidate Name		Category/ Type Contr. to Rep. J. Moran, KS-1 (H)
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	
State: District:		Transaction ID: 082020023E872

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 32 / 33

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

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

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

Full Name (Last, First, Middle Initial) A. Allen for Congress		Date of Disbursement 07 / 18 / 2002	
Mailing Address c/o LaFave & Associates City State Zip Code Manassas VA 20112-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contr. to Rep. Tom Allen, ME-1 (H)		Category/ Type Contr. to Rep. Tom Allen, ME-1 (H)	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 082020023E868	
State: District:			

Full Name (Last, First, Middle Initial) B. Ruby Lounge		Date of Disbursement 07 / 01 / 2002	
Mailing Address 802 North Charles Street City State Zip Code Baltimore MD 21201-		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Food costs for Rep Cardin (H) MD-3		Category/ Type IN KIND: Food costs for Rep Cardin (H) MD-3	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 082020023E864	
State: District:			

Full Name (Last, First, Middle Initial) C. Bill Bradbury for U.S. Senate		Date of Disbursement 07 / 18 / 2002	
Mailing Address P.O. Box 4107 City State Zip Code Portland OR 97208-		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Contr. to Cand. Bradbury (S), OR		Category/ Type Contr. to Cand. Bradbury (S), OR	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 082020023E867	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	18050.00

