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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A.
Full Name (Last, First, Middle Initial): Ferguson for Congress
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:
Category/Type: CONTR. TO REP. FERGUSON, NJ-7 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4172D0321E1140
Date of Disbursement: 03 31 2003
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Hoeffel for Congress
Mailing Address: 610 Harper Avenue
City: Jenkintown State: PA Zip Code: 19046-
Purpose of Disbursement: CONTR. TO REP. HOEFFEL, PA-13 (H)
Candidate Name:
Category/Type: CONTR. TO REP. HOEFFEL, PA-13 (H)
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4172D0321E1137
Date of Disbursement: 03 24 2003
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): ROYB Fund
Mailing Address: 209 Pennsylvania Avenue, SE
City: Washington State: DC Zip Code: 20004-
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Category/Type: LEADERSHIP PAC CONTRIBUTION
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4172D0321E1102
Date of Disbursement: 03 24 2003
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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