

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

JUN 21 11 10 AM '99

1. NAME OF COMMITTEE (in full) Physical Therapy Political Action Committee	2. FEC IDENTIFICATION NUMBER C00012880
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1111 North Fairfax Street	3. <input type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$201352.96
(b) Cash on Hand at Beginning of Reporting Period	\$159210.27	
(c) Total Receipts (from Line 18)	\$533.63	\$16918.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$159743.90	\$218270.99
7. Total Disbursements (from Line 30)	\$25000.00	\$83527.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$134743.90	\$134743.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20453 Toll Free 800-424-9530 Local 202-210-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

Type or Print Name of Treasurer: Nancy J. Garland Date: 6/16/99
 Signature of Treasurer: *Nancy J. Garland*

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE Physical Therapy Political Action Committee	REPORT COVERING PERIOD FROM 05/01/99 TO 05/31/99		REPORTING PERIOD JUN 21 11 16 AM '99
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. RECEIPTS			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$0.00	\$1200.00	11(a)(i)
ii. Unitemized	\$180.00	\$13388.75	11(a)(ii)
iii. Total (add i and ii)	\$180.00	\$14588.75	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	11(c)
d. Total Contributions (add a iii, b and c)	\$180.00	\$14588.75	11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12
13. All Loans Received	\$0.00	\$0.00	13
14. Loan Repayments Received	\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$353.63	\$2329.28	17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$533.63	\$16918.03	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$533.63	\$16918.03	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	\$0.00	\$2258.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$0.00	\$2258.00	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$2500.00	\$81258.09	23
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)	\$0.00	\$0.00	25
26. Loan Repayments Made	\$0.00	\$0.00	26
27. Loans Made	\$0.00	\$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$0.00	\$0.00	28(d)
29. Other Disbursements	\$0.00	\$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$2500.00	\$83527.09	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$2500.00	\$83527.09	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$180.00	\$14588.75	32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$180.00	\$14588.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$0.00	\$2258.00	35
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$0.00	\$2258.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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, Mailing Address and Zip Code Crestar Bank Old Town Branch King Street Alexandria, VA 22314- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/31/99 \$2329.28	Amount of Each Receipt this Period \$353.63
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$353.63
TOTAL This Period (last page this line number only)	\$353.63

SCHEDULE B

ITEMIZED DISBURSEMENTS

(See separate schedules for each category of the Detailed Summary Page)

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NAME OF COMMITTEE (In Full) Physical Therapy Political Action Committee			
<p>A. Full Name, Mailing Address and Zip Code Fund for a Responsible Future 8001 Park Center Drive #1105 Alexandria, VA 22302-</p>	<p>Purpose of Disbursement Contr. to Leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/21/99</p>	<p>Amount of Each Disbursement This Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Hatch Election Committee 405 South Main Street Salt Lake City, UT 84111-</p>	<p>Purpose of Disbursement Contr. to Sen. Hatch, Utah Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/21/99</p>	<p>Amount of Each Disbursement This Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Thurman for Congress PO Box 5058 Inverness, FL 34450-5038</p>	<p>Purpose of Disbursement Contr. to Rep. Thurman, FL-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/21/99</p>	<p>Amount of Each Disbursement This Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Bob Etheridge for Congress PO Box 27646 Raleigh, NC 27611-</p>	<p>Purpose of Disbursement Contr. to Rep. Etheridge, NC-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/14/99</p>	<p>Amount of Each Disbursement This Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Hobson for Congress Committee 1212 North Vernon Street Arlington, VA 22201-</p>	<p>Purpose of Disbursement Contr. to Rep. Hobson, OH-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/27/99</p>	<p>Amount of Each Disbursement This Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Friends for Jim McDermott P.O. Box 75214 Washington, DC 20013-5214</p>	<p>Purpose of Disbursement Contr. to Rep. McDermott, WA-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/21/99</p>	<p>Amount of Each Disbursement This Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652</p>	<p>Purpose of Disbursement Contr. to Rep. Bonilla, TX-23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/14/99</p>	<p>Amount of Each Disbursement This Period \$500.00</p>

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be sent 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, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Nancy L. Johnson to Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contr. to Rep. N. Johnson, CT-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
DeWine for U.S. Senate P.O. Box 340188 Columbus, OH 43234-0188	Contr. to Sen. DeWine, OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/99	\$1000.00
Trent Lott for Mississippi P.O. Box 22824 Jackson, MS 39225-	Contr. to Sen. Trent Lott, MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Mike Bilirakis for Congress c/o Tucker and Associates 1350 I Street, NW #1010 Washington, DC 20005-	Contr. to Rep. Bilirakis, FL-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
The Rogan Campaign Committee P.O. Box 36 Montrose, CA 91021-	Contr. to Rep. Rogan, CA-27 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$500.00
Christopher Cox Congressional Committee P.O. Box 8088 C Newport Beach, CA 92658-	Contr. to Rep. Cox, CA-47 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Fund for a Free-Market America 1104 N. Northwest Highway Palatine, IL 60067-	Contr. to Leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00

SUBTOTAL of Disbursements This Page (optional) \$6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for more category of the Detailed Summary Page

PAGE 3 OF 4
FOR LINE NUMBER 23

Any information contained 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, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126-	Contr. to Cand. Ensign, NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Rangel 2000 Committee P.O. Box 5577 New York, NY 10027-	Contr. to Rep. Rangel, NY-15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Jon Kyl for U.S. Senate 507 Capitol Court, NE #100 Washington, DC 20002-	Contr. to Sen. Kyl, AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241-	Contr. to Rep. Whitfield, KY-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/99	\$1000.00
Anna Eshoo for Congress Box 335 Palo Alto, CA 94301-	Contr. to Rep. Eshoo, CA-14 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/99	\$1000.00
Cardin for Congress P.O. Box 65036 Baltimore, MD 21209-0036	Contr. to Rep. Cardin, MD-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/99	\$1000.00
Porter for Congress Committee 910 Skokie Blvd. #201 Northbrook, IL 60062-	Contr. to Rep. Porter, IL-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/99	\$2000.00

SUBTOTAL of Disbursements This Page (optional)	\$8000.00
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 mercantile 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, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024-	Contr. to Rep. Dunn, WA-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	05/21/99	\$1000.00
William L. Jenkins for Congress P.O. Box 640 Rogersville, TN 37857-	Contr. to Rep. Jenkins, TN-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	05/21/99	\$1000.00
Weygand Committee P.O. Box 7618 Warwick, RI 02887-7618	Contr. to Rep. Weygand, RI, Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	05/21/99	\$1000.00
Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120-	Contr. to Rep. Barton, TX-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	05/21/99	\$1000.00
Adam Smith for Congress P.O. Box 25445 Yakima, WA 98903-	Contr. to Rep. Adam Smith, WA-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	05/21/99	\$500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$4500.00
TOTAL This Period (last page this line number only)	\$25000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 6-17-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i>	6-21-99
PREPARER	DATE PREPARED