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): Mike Thompson for Congress
Mailing Address: 236 Massachusetts Avenue, NE, Suite 508
City: Washington | State: DC | Zip Code: 20002-
Purpose of Disbursement: CONTR. TO REP. THOMPSON CA-1 (H)
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2006 — X Primary / General / Other (specify)
Transaction ID: 51017.E2019
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00
Category/Type: CONTR. TO REP. THOMPSON CA-1 (H)

B.
Full Name (Last, First, Middle Initial): New Republican Majority Fund
Mailing Address: 201 N. Union Street, Suite 530
City: Alexandria | State: VA | Zip Code: 22314-
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2006 — X Primary / General / Other (specify)
Transaction ID: 51017.E2028
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00
Category/Type: LEADERSHIP PAC CONTRIBUTION

C.
Full Name (Last, First, Middle Initial): McCaul for Congress
Mailing Address: P.O. Box 2778
City: Arlington | State: VA | Zip Code: 22202-
Purpose of Disbursement: CONTR. TO REP. MCCAUL TX-10 (H)
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2006 — X Primary / General / Other (specify)
Transaction ID: 51017.E2044
Date of Disbursement: 09 / 28 / 2005
Amount of Each Disbursement this Period: 1000.00
Category/Type: CONTR. TO REP. MCCAUL TX-10 (H)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

TOTAL This Period (last page this line number only) ..... ▶ **62000.00**