

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC 10 P 12:00

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

## 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- 12 Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election on  
11/07/2000 in the State of VA

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-date |
|---|-------------------------|-----------------------------------|
| 5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>                                |                         |                                   |
| 6. (a) Cash on Hand January 1, 20 <u>00</u>   |                         | \$178,797.29                      |
| (b) Cash on Hand at Beginning of Reporting Period   | \$204,014.83            |                                   |
| (c) Total Receipts (from Line 1B)   | \$37,753.19             | \$373,490.47                      |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$241,767.82            | \$552,287.76                      |
| 7. Total Disbursements (from Line 3C)   | \$38,014.42             | \$348,534.36                      |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$203,753.40            | \$203,753.40                      |
| 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                  |                                   |

For further information contact:  
 Federal Election Commission  
 999 E Street NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

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

Signature of Treasurer

*Nancy J. Garland*

Date

12/6/00

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

FEC FORM 3X  
(Revised 9/93)

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

(revised 11/91)

| NAME OF COMMITTEE<br>Physical Therapy Political Action Committee                         | REPORT COVERING PERIOD<br>FROM 10/19/2000 TO: 11/27/2000 |                           |
|--|--|---------------------------|
|  | COLUMN A<br>Total This Period                            | COLUMN B<br>Calendar Year |
| <b>I. RECEIPTS</b>   |  |                           |
| 11. Contributions (other than loans) From:   |  |                           |
| a. Individuals/Persons Other Than Political Committees                                   |  |                           |
| i. Itemized (Use Schedule A)   | \$20,328.00  | \$99,235.50 11(a)(i)      |
| ii. Unitemized   | \$16,535.50  | \$284,114.18 11(a)(ii)    |
| iii. Total (add i and ii)  | \$36,863.50  | \$363,349.68 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)  | \$36,863.50  | \$363,349.68 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   | \$2,500.00 16             |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                   | \$889.89   | \$7,840.79 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)                             | \$37,753.19  | \$373,490.47 19           |
| 20. Total Federal Receipts (subtract line 18 from line 19)                               | \$37,753.19  | \$373,490.47 20           |
| <b>II. DISBURSEMENTS</b>   |  |                           |
| 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   | \$580.82 21(b)            |
| c. Total Operating Expenditures (add a i, a ii, and b)                                   | \$0.00   | \$580.82 21(c)            |
| 22. Transfers to Affiliated/Other Party Committees                                       | \$0.00   | \$0.00 22                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees        | \$38,014.42  | \$347,853.54 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   | \$100.00 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   | \$100.00 28(d)            |
| 29. Other Disbursements  | \$0.00   | \$0.00 29                 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)                   | \$38,014.42  | \$348,534.36 30           |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30)                     | \$38,014.42  | \$348,534.36 31           |
| <b>III. Net Contributions/Operating Expenditures</b>                                     |  |                           |
| 32. Total Contributions (other than loans)(from line 11d)                                | \$36,863.50  | \$363,349.68 32           |
| 33. Total Contribution Refunds (from line 28d)   | \$0.00   | \$100.00 33               |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                       | \$36,863.50  | \$363,249.68 34           |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b)                           | \$0.00   | \$580.82 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   | \$580.82 37               |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes, unless done 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  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Carol Barnes<br>5808 East Hinsdale Place<br>Englewood, CO 80112-1533<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Self-Employed<br>Occupation<br>Physical Therapist         | 10/31/2000              | 250.00                             |
| Aggregate Year-to-Date ->   |   | 500.00                  |                                    |
| B. Full Name, Mailing Address and Zip Code<br>Drew Bossen<br>216 Evergreen Ct<br>Iowa City, IA 52245-3541<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Self-Employed<br>Occupation<br>Physical Therapist         | 10/31/2000              | 500.00                             |
| Aggregate Year-to-Date ->   |   | 655.00                  |                                    |
| C. Full Name, Mailing Address and Zip Code<br>Lynn Colby<br>6984 Lakewood Blvd<br>Columbus, OH 43235-4240<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Self-Employed<br>Occupation<br>Physical Therapist         | 11/13/2000              | 100.00                             |
| Aggregate Year-to-Date ->   |   | 200.00                  |                                    |
| D. Full Name, Mailing Address and Zip Code<br>Jerome Connolly<br>1902 Joliette Court<br>Alexandria, VA 22307-1626<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | APTA<br>Occupation<br>Physical Therapist                  | 11/01/2000              | 40.00                              |
| Aggregate Year-to-Date ->   |   | 540.00                  |                                    |
| E. Full Name, Mailing Address and Zip Code<br>Michael Daley<br>389 Jinnymill Rd<br>Cheshire, CT 06410-3208<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Community PT Services<br>Occupation<br>Physical Therapist | 10/31/2000              | 20.00                              |
| Aggregate Year-to-Date ->   |   | 20.00                   |                                    |
| F. Full Name, Mailing Address and Zip Code<br>Michael Daley<br>389 Jinnymill Rd<br>Cheshire, CT 06410-3209<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Community PT Services<br>Occupation<br>Physical Therapist | 11/01/2000              | 300.00                             |
| Aggregate Year-to-Date ->   |   | 520.00                  |                                    |
| G. Full Name, Mailing Address and Zip Code<br>Thomas DiAngelis<br>5230 Kings Mills Rd<br>Mason, OH 45040-2319<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Self-Employed<br>Occupation<br>Physical Therapist         | 10/30/2000              | 30.00                              |
| Aggregate Year-to-Date ->   |   | 130.00                  |                                    |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$1,440.00 |
| <b>TOTAL</b> This Period (last page this line number only) |            |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 10  
FOR LINE NUMBER 11(a)(i)

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

| NAME OF COMMITTEE (In Full)<br>Physical Therapy Political Action Committee  |   |  |   |
|---|---|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas DiAngelo<br>5230 Kings Mills Rd<br>Mason, OH 45040-2319<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>10/31/2003 | <b>Amount of Each Receipt this Period</b><br>530.00 |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 630.00   |   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Cynthia Driskell<br>Foothills Physical Therapy<br>100 Easy Street, Suite B<br>Carefree, AZ 85377-5924<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Foothills Physical Therapy | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 680.00   |   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Joseph Farrell<br>Redwood Ortho Phys Ther Inc.<br>20211 Patio Dr Suite 205<br>Castro Valley, CA 94546-4338<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Helene Pearson<br>5226 East Via Buena Vista<br>Paradise Valley, AZ 85253-2122<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>20.00  |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jill Floberg<br>Olympia PT Services<br>PO Box 7147<br>Olympia, WA 98507-7147<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>20.00  |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 20.00    |   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Jill Floberg<br>Olympia PT Services<br>PO Box 7147<br>Olympia, WA 98507-7147<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>11/01/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Julaine Florence<br>13600 Park Place Ct<br>St Louis, MO 63131-1236<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>11/07/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
|   | <b>Occupation</b><br>Physical Therapist               | <b>Aggregate Year-to-Date -&gt;</b> 400.00   |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | 52,140.00 |
| <b>TOTAL</b> This Period (last page this line number only) |           |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

| A. Full Name, Mailing Address and Zip Code   | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
|--|----------------------------------|-------------------------|------------------------------------|
| Michael Fortanasce<br>671 Naomi Ave<br>Arcadia, CA 91007-7502  | Self-Employed                    | 10/30/2000              | 80.00                              |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 80.00                              |
| Michael Fortanasce<br>671 Naomi Ave<br>Arcadia, CA 91007-7502  | Self-Employed                    | 10/31/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 580.00                             |
| Larry Fronheiser<br>129 East Highland Avenue<br>Ebensburg, PA 15931-1125   | Self-Employed                    | 10/31/2000              | 40.00                              |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 337.00                             |
| Siron Gibson<br>6116 Medau Place<br>Oakland, CA 94611-2809   | Self-Employed                    | 11/13/2000              | 350.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 500.00                             |
| Jay Goodfarb<br>110 East San Miguel<br>Phoenix, AZ 85012-1339  | Self-Employed                    | 10/31/2000              | 40.00                              |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 40.00                              |
| Jay Goodfarb<br>110 East San Miguel<br>Phoenix, AZ 85012-1339  | Self-Employed                    | 11/01/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 540.00                             |
| Patrick Graham<br>50 Box 806H<br>Columbus, GA 31908-8065   | Self-Employed                    | 10/30/2000              | 40.00                              |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
| Aggregate Year-to-Date ->  |                                  |                         | 40.00                              |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$1,550.00 |
| <b>TOTAL</b> This Period (Last page this line number only) |            |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

| A. Full Name, Mailing Address and Zip Code   | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
|--|----------------------------------|-------------------------|------------------------------------|
| Patrick Graham<br>PO Box 8068<br>Columbus, GA 31908-8068   | Self-Employed                    | 10/31/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 540.00                  |                                    |
| Margaret Gray<br>10 Drummond Road<br>Enfield, CT 06082-2532  | Self-Employed                    | 10/31/2000              | 20.00                              |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 20.00                   |                                    |
| Margaret Gray<br>10 Drummond Road<br>Enfield, CT 06082-2532  | Self-Employed                    | 11/01/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 520.00                  |                                    |
| Jeanine Gunn<br>119 Xenos Apt 1<br>Long Beach, CA 90803-3068   | Self-Employed                    | 10/31/2000              | 170.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 270.00                  |                                    |
| William Hardy<br>1251 S Main St Ext<br>Middletown, CT 06457-5050   | Self-Employed                    | 11/10/2000              | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 500.00                  |                                    |
| Helinda Hays<br>Progressive Physical Therapy<br>PO Box 1192<br>Seymour, IN 47274-3792                                      | Progressive PT                   | 10/31/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 500.00                  |                                    |
| Jerry Henderson<br>16619 NE 160th St<br>Woodinville, WA 98072-8165   | Self-Employed                    | 10/31/2000              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Occupation<br>Physical Therapist |                         |                                    |
|  | Aggregate Year-to-Date ->        | 600.00                  |                                    |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | 52,440.00 |
| <b>TOTAL</b> This Period (last page this line number only) |           |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

|   |      |    |
|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
|   | 5    | 10 |
| FOR LINE NUMBER   |      |    |
| 11(a)(i)  |      |    |

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

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Hendrickson<br>Sports Clinic of Gtr. Mil.<br>707 West Glencoe Place<br>Bayside, WI 53217-1826 |  | <b>Name of Employer</b><br>Sports Clinic of Gtr. Mil. |  | <b>Date (month, day, year)</b><br>10/31/2000 |  | <b>Amount of Each Receipt this Period</b><br>20.00  |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |  |   |  |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Patricia Hokans<br>4561 Halkett Ave<br>Rosemead, CA 91770-1161                                     |  | <b>Name of Employer</b><br>Self-Employed              |  | <b>Date (month, day, year)</b><br>10/20/2000 |  | <b>Amount of Each Receipt this Period</b><br>100.00 |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 200.00   |  |   |  |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Randall Johnson<br>11212 94th Ave E<br>Puyallup, WA 98373-3636                                     |  | <b>Name of Employer</b><br>Self-Employed              |  | <b>Date (month, day, year)</b><br>10/31/2000 |  | <b>Amount of Each Receipt this Period</b><br>500.00 |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |  |   |  |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Michael Keenan<br>c/o Orthosport<br>800 S Des Plaines<br>Forest Park, IL 60130-2035                |  | <b>Name of Employer</b><br>c/o Orthosport             |  | <b>Date (month, day, year)</b><br>11/06/2000 |  | <b>Amount of Each Receipt this Period</b><br>250.00 |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 310.00   |  |   |  |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Kemp<br>420 West 4th Street, #200<br>Mishawaka, IN 46544-                                     |  | <b>Name of Employer</b><br>Quest Services             |  | <b>Date (month, day, year)</b><br>10/31/2000 |  | <b>Amount of Each Receipt this Period</b><br>40.00  |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 540.00   |  |   |  |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Glenda Key<br>561 West 98th Street No 303<br>Minneapolis, MN 55420-4713                            |  | <b>Name of Employer</b><br>KEY Functional Assessments |  | <b>Date (month, day, year)</b><br>10/31/2000 |  | <b>Amount of Each Receipt this Period</b><br>40.00  |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 540.00   |  |   |  |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Jerry Klug<br>AL Physical Rehab Service<br>1475 1st Avenue SW<br>Jacksonville, AL 36265-3337       |  | <b>Name of Employer</b><br>AL Physical Rehab Service  |  | <b>Date (month, day, year)</b><br>10/31/2000 |  | <b>Amount of Each Receipt this Period</b><br>20.00  |  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       |  | <b>Occupation</b><br>Physical Therapist               |  | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |  |   |  |

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|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$970.00 |
| <b>TOTAL</b> This Period (last page this line number only) |          |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the detailed Summary Page

PAGE 6 OF 10  
FOR LINE NUMBER 11(a)(1)

Any information supplied here, such as reports and statements, may not be sold or used by any person for the purpose of collecting 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

|   |   |  |   |
|---|---|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Eugene Lambert<br>New England Regional Office<br>Community Rehab Centers<br>Worcester, MA 01606-2817<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Community Rehab Centers<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 530.00     | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Marian Lear<br>5245 Union Jack Drive<br>Wausilla, AK 99654-6731<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 208.50               | <b>Date (month, day, year)</b><br>11/03/2000 | <b>Amount of Each Receipt this Period</b><br>37.00  |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Stephen Levine<br>Spine and Sports Rehab Ctr<br>1820 Greenspring Dr Ste 100<br>Timonium, MD 21093-4112<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Spine and Sports Rehab Ctr<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 500.00  | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Shannon McAllister<br>5719 Caspians Lane<br>Bossier City, LA 71112-9613<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 205.50               | <b>Date (month, day, year)</b><br>10/23/2000 | <b>Amount of Each Receipt this Period</b><br>56.00  |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Marilyn Moffat<br>25 Ludlam Lane<br>Locust Valley, NY 11560-1724<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>New York University<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 500.00         | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Kent Montgomery<br>Mountainland Rehabilitation<br>1952 W 7000 S Suite 100<br>Salt Lake City, UT 84121-6875<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mountainland Rehabilitation<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 550.00 | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mark Navilliat<br>220 S Clarkson St<br>Denver, CO 80209-2124<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>CO Athletic Conditioning<br><b>Occupation</b><br>Physical Therapist<br>Aggregate Year-to-Date -> 500.00    | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

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

\$2,593.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from these reports and statements may not be sold or used by any person for the purpose of entitling 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

|  |  |  |   |
|--|--|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mark Metzinger<br>1799 313th Avenue NE<br>Cambridge, MN 55008-6810                              | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 50.00    |   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Mark Metzinger<br>1799 313th Avenue NE<br>Cambridge, MN 55008-6810                              | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 550.00   |   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>J'Anna Post<br>Olympic Physical Therapy<br>1605 116th Ave NE Ste 110<br>Bellevue, WA 98004-3034 | <b>Name of Employer</b><br>Olympic Physical Therapy    | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00 |   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Deborah Reed<br>Advanced Rehab Incorporated<br>39 Cambridge Rd<br>Tall City, IN 47586-9773      | <b>Name of Employer</b><br>Advanced Rehab Incorporated | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Kelly Reed<br>10510 SW 53rd Avenue<br>Portland, OR 97219-5840                                   | <b>Name of Employer</b><br>Therapeutic Associates      | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>20.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Todd Reiff<br>128 W Roselawn Drive<br>Logansport, IN 46947-2013                                 | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Gael Riddle<br>5107 Palermo Rd<br>Cincinnati, OH 45244-1083                                     | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>30.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 30.00    |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional)           | 52,600.00 |
| <b>TOTAL</b> This Period (last page this line number only) |           |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Any information supplied 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 making the name and address of any political committee to solicit contributions from such committee.

| NAME OF COMMITTEE (In Full)<br>Physical Therapy Political Action Committee   |  |  |   |
|--|--|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Opal Riddle<br>5107 Palermo Rd<br>Cincinnati, OH 45244-1083<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>10/31/2008 | <b>Amount of Each Receipt this Period</b><br>470.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Ruthann Roesch<br>44125 RCR 46B<br>Steamboat Springs, CO 80487-<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>11/10/2008 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Sue Schuermer<br>1576 Fieldbrook Street<br>Henderson, NV 89052-6406<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>University of Nevada<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 200.00           | <b>Date (month, day, year)</b><br>10/23/2008 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Carol Schunk<br>11481 SW Hall Blvd., Suite 201<br>Portland, OR 97221-3118<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Therapeutic Associates<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00         | <b>Date (month, day, year)</b><br>11/08/2008 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jmy Segal<br>5042 Glide Drive Unit 12<br>Davis, CA 95616-4442<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 20.00                   | <b>Date (month, day, year)</b><br>10/31/2008 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Jay Segal<br>5042 Glide Drive Unit 12<br>Davis, CA 95616-4442<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 520.00                  | <b>Date (month, day, year)</b><br>11/31/2008 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Donna Singer<br>3420 Waterview Way<br>Wall, NJ 07719-4464<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Sports Care and Physical Rehab<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/31/2008 | <b>Amount of Each Receipt this Period</b><br>500.00 |

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| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$2,340.00 |
| <b>TOTAL</b> This Period (last page this line number only) |            |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such records 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

|  |  |  |   |
|--|--|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Janice Smith<br>1555 California Street<br>Number 407<br>Denver, CO 80202-                       | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Jayne Snyder<br>Snyder Physical Therapy, PC<br>2845 South 70th Street<br>Lincoln, NE 68506-3660 | <b>Name of Employer</b><br>Snyder Physical Therapy, PC | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 520.00   |   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Patti Takis-Tokuwaka<br>93 Lahaina St<br>Hilo, HI 96720-1949                                    | <b>Name of Employer</b><br>Health South                | <b>Date (month, day, year)</b><br>10/20/2000 | <b>Amount of Each Receipt this Period</b><br>150.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 200.00   |   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jill Tomasello<br>64 Hunting Ridge Road<br>Stamford, CT 06903-3222                              | <b>Name of Employer</b><br>Self-Employed               | <b>Date (month, day, year)</b><br>11/03/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 200.00   |   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Linda Towne<br>7370 Sweetwater Branch<br>West Chester, OH 43069-5010                            | <b>Name of Employer</b><br>Towne Physical Therapy      | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 500.00   |   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Peter Towne<br>Towne Physical Therapy<br>1390 Eaton Avenue<br>Hamilton, OH 45013-1407           | <b>Name of Employer</b><br>Towne Physical Therapy      | <b>Date (month, day, year)</b><br>11/06/2000 | <b>Amount of Each Receipt this Period</b><br>600.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 600.00   |   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Peter Towne<br>Towne Physical Therapy<br>1390 Eaton Avenue<br>Hamilton, OH 45013-1407           | <b>Name of Employer</b><br>Towne Physical Therapy      | <b>Date (month, day, year)</b><br>11/07/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Occupation</b><br>Physical Therapist                | <b>Aggregate Year-to-Date -&gt;</b> 1,100.00 |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$2,370.00 |
| <b>TOTAL</b> This Period (last page this line number only) |            |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Job posting schedule(s) for each category of law 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 "conduit" purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| NAME OF COMMITTEE (In Full)<br>Physical Therapy Political Action Committee  |  |  |   |
|---|--|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Wallace<br>209 Westvale Road<br>Duarte, CA 91010-<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Michael Weinper<br>26633 West Agoura Road Unit 250<br>Calabasas, CA 91302-2950<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Francis Welk<br>94 Hanlock Lane<br>Bloomsburg, PA 17815-9139<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Susquehanna PT<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 540.00             | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>40.00  |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>William Whiteford<br>2030 Ceyerle Ave<br>Harrisonburg, VA 22801-<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/30/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Flora Woolfolk<br>17203 James Madison Hwy<br>Gordonsville, VA 22942-9519<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 225.00              | <b>Date (month, day, year)</b><br>11/03/2000 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Louise Yurko<br>Carteret PT Associates Inc<br>3700 Symi Circle<br>Morehead City, NC 28557-4309<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Carteret PT Associates Inc<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 320.00 | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Louise Yurko<br>Carteret PT Associates Inc<br>3700 Symi Circle<br>Morehead City, NC 28557-4309<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Carteret PT Associates Inc<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 620.00 | <b>Date (month, day, year)</b><br>11/01/2000 | <b>Amount of Each Receipt this Period</b><br>300.00 |

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| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$1,885.00  |
| <b>TOTAL</b> This Period (last page this line number only) | \$20,320.00 |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

|   |      |    |
|---|------|----|
| See separate schedule(s) for each category of the detailed Summary Page | PAGE | OF |
|   | 1    | 1  |
| FOR LINE NUMBER   |      |    |
| 17  |      |    |

Any information supplied 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

|   |  |  |   |
|---|--|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>SunTrust Bank<br>Old Town Branch<br>King Street<br>Alexandria, VA 22314- | <b>Name of Employer</b><br><br>              | <b>Date (month, day, year)</b><br>10/31/2000 | <b>Amount of Each Receipt this Period</b><br>\$889.69 |
|   | <b>Occupation</b><br><br>                    |  |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Aggregate Year-to-Date -&gt;</b> 1,640.79 |  |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional)           | \$889.69 |
| <b>TOTAL</b> This Period (last page this line number only) | \$889.69 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Form

All information copied from your requests and statements may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to collect contributions from such committee.

| NAME OF COMMITTEE (In Full)<br>Physical Therapy Political Action Committee               |   |                         |   |
|--|---|-------------------------|---|
| Full Name, Mailing Address and Zip Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Berkley 2000<br>64 Quiet Desert Lane<br>Henderson, NV 89014-                             | Contr. to Rep. Berkley, NV-1 (D)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/2000              | 1,000.00                                |
| Ensign for Senate<br>P.O. Box 26568<br>Las Vegas, NV 89126-                              | Contr. to Cand. John Ensign, NV (S)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/19/2000              | 1,000.00                                |
| Jeffords for Vermont<br>507 Capitol court, NE #100<br>Washington, DC 20002-              | Contr. to Sen. Jeffords, VT (S)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/19/2000              | 1,500.00                                |
| Luther for Congress Volunteer Cto.<br>1399 Geneva Ave., North #202<br>Oakdale, MN 55128- | Contr. to Rep. Luther, MN-6 (S)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/30/2000              | 1,000.00                                |
| Bob Franks for U.S. Senate<br>310 W. Westfield Avenue<br>Roseme Park, NC 07204-          | Contr. to Cand. Bob Franks, NJ (S)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/19/2000              | 1,500.00                                |
| Democratic National Committee<br>430 S. Capitol Street, SE<br>Washington, DC 20003-      | Political Party Contribution<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 10/19/2000              | 3,000.00                                |
| Paul Perry for Congress<br>P.O. Box 5453<br>Evansville, IN 47716-                        | Contr. to Cand. Perry, TX-8 (R)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/30/2000              | 2,000.00                                |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional)      | \$11,000.00 |
| <b>TOTAL</b> This Period (last page this line number only) |             |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Subsidiary Page

All 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)<br>Physical Therapy Political Action Committee      |  |                         |   |
|---|--|-------------------------|---|
| Full Name, Mailing Address and Zip Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Lampson for Congress 2000<br>38 Ivy Street, SE<br>Washington, DC 20033-         | Contr. to Rep. Lampson, TX-9 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | 10/19/2000              | 500.00                                  |
| Friends of Bonnie Shows<br>Route 2 Box 234<br>Bassfield, MS 39421-              | Contr. to Rep. Shows, MS-4 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | 10/30/2000              | 1,000.00                                |
| Dianne Byrum for Congress<br>P.O. Box 26191<br>Lansing, MI 48909-               | Contr. to Cand. Byrum, MI-8 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | 10/30/2000              | 2,000.00                                |
| Mike Ross for Congress Committee<br>P.O. Box 360<br>Prescott, AR 71957-         | Contr. to Cand. Mike Ross, AR-4 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 10/30/2000              | 2,000.00                                |
| Mike Honda for Congress<br>111 West St. John Street #400<br>San Jose, CA 95113- | Contr. to Cand. Honda, CA-15 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | 10/30/2000              | 2,000.00                                |
| Eleanor Jordan for Congress<br>P.O. Box 21151<br>Louisville, KY 40221-          | Contr. to Cand. Jordan, KY-3 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | 10/30/2000              | 2,000.00                                |
| Hoeffel for Congress<br>700 East Johnson Highway<br>Norristown, PA 19401-       | Contr. to Rep. Hoeffel, PA-13 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | 10/30/2000              | 1,000.00                                |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional)      | \$10,500.00 |
| <b>TOTAL</b> This Period (last page this line number only) |             |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

|  |      |    |
|--|------|----|
| Use separate schedules for each category of the labeled Summary page | PAGE | OF |
|  | 3    | 4  |
| FOR LINE NUMBER  |      |    |
| 23   |      |    |

Any information copied from these 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 officer or official, contributions from such officers.

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

| Full Name, Mailing Address and Zip Code                                  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Bill Nelson for U.S. Senate<br>P.O. Box 10962<br>Tallahassee, FL 32302-  | Contr. to Cand. Bill Nelson, FL (S)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/19/2000              | 2,000.00                                |
| Nancy Keenan for Montana<br>P.O. Box 9249<br>Helena, MT 59604-           | Contr. to Cand. Keenan, MT (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/30/2000              | 2,000.00                                |
| Citizens to Elect Rick Larsen<br>P.O. Box 326<br>Everett, WA 98206-      | Contr. to Cand. Larsen, WA-2 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/30/2000              | 1,000.00                                |
| Keller for Congress<br>322 East Michigan Street<br>Orlando, FL 32806-    | Contr. to Cand. Keller, FL-8 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/19/2000              | 1,000.00                                |
| Casey for Congress Cle.<br>434 Lackawanna Avenue<br>Scranton, PA 18503   | Contr. to Cand. Pat Casey, PA-10 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/19/2000              | 1,000.00                                |
| Casey for Congress Cle.<br>474 Lackawanna Avenue<br>Scranton, PA 18503-  | Contr. to Cand. Casey, PA-10 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/30/2000              | 3,000.00                                |
| Mike McIntyre for Congress<br>3780 Berkeley Lane<br>Lumberton, NC 28360- | Contr. to Rep. McIntyre, NC-7 (H)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/19/2000              | 500.00                                  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional)      | \$10,500.00 |
| <b>TOTAL</b> This Period (last page this line number only) |             |



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed Summary List.

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4 4  
FOR LINE NUMBER  
23

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)<br>Physical Therapy Political Action Committee        |  |                         |   |
|---|--|-------------------------|---|
| Full Name, Mailing Address and Zip Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Tierney for Congress<br>133 Washington Street<br>Salem, MA 01970-                 | Contr. to Rep. Tierney, MA-6 (H)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | 10/19/2000              | 500.00                                  |
| Woolsey for Congress<br>P.O. Box 750176<br>Portland, CA 94975-                    | Contr. to Rep. Woolsey, CA-6 (H)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | 10/19/2000              | 500.00                                  |
| Doug Ose for Congress<br>9250 McLeir Way<br>Pik Grove, CA 95758-                  | Contr. to Rep. Ose, CA-3 (H)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | 10/19/2000              | 250.00                                  |
| Bush-Cheney 2000 Compliance Ctr.<br>310 First Street, SE<br>Washington, DC 20003- | Contr. to Presidential Candidate Bush<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | 10/19/2000              | 3,300.00                                |
| Inslee for Congress<br>P.O. Box 33027<br>Seattle, WA 98133-                       | Contr. to Rep. Inslee, WA-1 (S)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | 10/30/2000              | 1,000.00                                |
| Kimberly Majerus<br>921 4th Avenue NE<br>Oelwein, IA 50682-1043                   | Reception for Rep. Nussie, IA-2 (H)<br>(Food, Invites, Drink)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 10/23/2000              | 764.42<br><br>IN KIND                   |
|   |  | / /                     |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional)      | \$6,014.42  |
| <b>TOTAL</b> This Period (last page this line number only) | \$38,014.42 |

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 (R/C)<br><i>12-8-72</i>   |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>JMP</i><br>PREPARER  | <i>12-10-72</i><br>DATE PREPARED     |