

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 21 P 3:42

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	0. <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:

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input checked="" 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 |

- 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>06/01/2000</u> through <u>06/30/2000</u>		
6. (b) Cash on Hand January 1, 19 <u>00</u>		\$170797.29
(c) Cash on Hand at Beginning of Reporting Period	\$246798.25	
(c) Total Receipts (from Line 1B)	\$87313.70	\$207545.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$314111.95	\$386342.77
7. Total Disbursements (from Line 3D)	\$90500.00	\$162730.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$223611.95	\$223611.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
 Federal Election Commission
 660 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9520
 Local 202/219-3420

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: 7/13/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §4370

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

(revised 1/1/91)

NAME OF COMMITTEE Physical Therapy Political Action Committee		REPORT COVERING PERIOD FROM 06/01/2000 TO: 06/30/2000		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)		\$8168.00	\$26808.50	11(a)(i)
ii. Unitemized		\$58183.25	\$174245.18	11(a)(ii)
iii. Total (add i and ii)		\$66351.25	\$201153.68	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 ii, b and c)		\$66351.25	\$201153.68	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	\$2500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		\$984.45	\$3881.80	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)		\$67313.70	\$207545.48	19
20. Total Federal Receipts (subtract line 18 from line 19)		\$67313.70	\$207545.48	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	\$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		\$30500.00	\$162150.00	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)		\$30500.00	\$162730.82	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		\$30500.00	\$162730.82	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		\$66351.25	\$201153.68	32
33. Total Contribution Refunds (from line 28d)		\$0.00	\$0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)		\$66351.25	\$201153.68	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

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

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, 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michelle Chitjian 22-35 80 Street East Elmhurst, NY 11370-1324	Self-Employed Occupation Physical Therapist	06/09/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
B. Full Name, Mailing Address and Zip Code Daniel Ciolek 130 Churchill Lane Wilmington, DE 19808 4319	Self-Employed Occupation Physical Therapist	06/28/2000	\$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$506.00	
C. Full Name, Mailing Address and Zip Code Anna Coffman 12810 West Meadow Lane New Berlin, WI 53151-1834	RehabCare Group Occupation Physical Therapist	06/28/2000	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$510.00	
D. Full Name, Mailing Address and Zip Code Brad Cooper 15 Center Street Rumson, NJ 07760-1712	Self-Employed Occupation Physical Therapist	06/08/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$300.00	
E. Full Name, Mailing Address and Zip Code Sue Dalrymple 59 Winchester Dr Tinton Falls, NJ 07724-2837	Self-Employed Occupation Physical Therapist	06/16/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
F. Full Name, Mailing Address and Zip Code Janet Downey Hurley Medical Center Physical Therapy Plain, VT 48532-3406	Hurley Medical Center Occupation Physical Therapist	06/19/2000	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$560.00	
G. Full Name, Mailing Address and Zip Code Pauline Flesch 5664 Cedar Point Dr Carmel, IN 46032-9574	Clarian Health Occupation Physical Therapist	06/13/2000	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$180.00	

SUBTOTAL of Receipts This Page (optional)

\$776.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the reported 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 Pauline Flecob 9684 Cedar Point Dr Carmel, IN 46032-9574</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Clarion Health</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$210.00</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and Zip Code Larry Fronhelsner 129 East Highland Avenue Ebensburg, PA 15931-1125</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$297.00</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and Zip Code Mary Gingerich 5774 Nesbit Drive Harrisburg, PA 17112-2200</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Health South</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/13/2000</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Katherine Grubb 335 South Royal Ridge Drive Anchorage, AK 99507-4053</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer St. Jude Medical Center</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/05/2000</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Hendrickson Sports Clinic of Gbr. Mil. 707 West Glencoe Place Bayside, WI 53217-1626</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Sports Clinic of Gbr. Mil.</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gary Ibershoff 23114 Lodge Lane Dearborn, MI 48128-1887</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/13/2000</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Gary Ibershoff 23114 Lodge Lane Dearborn, MI 48128-1883</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/29/2000</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1060.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use 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 Timothy Kauffman 815 McGrann Boulevard Lancaster, PA 17601-4518</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Timothy Kauffman 815 McGrann Boulevard Lancaster, PA 17601-4518</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/28/2000</p> <p>Aggregate Year-to-Date -> \$370.00</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>C. Full Name, Mailing Address and Zip Code John Kemp 1515 Anchor Ct Mishawaka, IN 46544-9148</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Quest Services</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Suzanne Kraus 5414 R Drivers Ave Scottsdale, AZ 85234-5828</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/12/2000</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>E. Full Name, Mailing Address and zip Code William Lloyd 1035 Little Ridge Dr West Chester, PA 19382-8803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/12/2000</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and zip code William Lloyd 1035 Little Ridge Dr West Chester, PA 19382-8803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/16/2000</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lynda Maguire 4321 Mt View Blvd Las Vegas, NV 89102-3826</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Physical Therapist</p>	<p>Date (month, day, year) 06/19/2000</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1520.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each receipt of the Related Summary Page

PAGE **4** OF **6**
FOR LINE NUMBER
11(a) (i)

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

<p>A. Full Name, Mailing Address and Zip Code Lynn Maguire 4321 Mtn View Blvd Las Vegas, NV 89102-3826</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$550.00</p>	<p>Date (month, day, year) 06/20/2000</p>	<p>Amount of Each Receipt this Period \$60.00</p>
<p>B. Full Name, Mailing Address and Zip Code Rita Manzey NC Board of PT Examiners 19 West Colony Place Ste 140 Durham, NC 27709-5582</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer NC Board of PT Examiners</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$650.00</p>	<p>Date (month, day, year) 06/19/2000</p>	<p>Amount of Each Receipt this Period \$60.00</p>
<p>C. Full Name, Mailing Address and Zip Code Michael Mattia 199 Downes Avenue Garden Island, NV 10313-4037</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 06/20/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Barbara Melzer 148 Cas Hills Drive San Antonio, TX 78213-3323</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer South West Texas University</p> <p>Occupation physical Therapist</p> <p>Aggregate Year to Date -> \$500.00</p>	<p>Date (month, day, year) 6/19/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jane Okubo 6711 Rappahannock Way Carmichael, CA 95608-1552</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 06/19/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Cheryl Resnik 1540 East Alcazar Street CHP 155 Los Angeles, CA 90089-0080</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Univ. of Southern California</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$260.00</p>	<p>Date (month, day, year) 06/19/2000</p>	<p>Amount of Each Receipt this Period \$60.00</p>
<p>G. Full Name, Mailing Address and Zip Code Michael Riley 824 South 59th Street Belleville, IL 62223-5026</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physical Therapist</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 06/05/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1680.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11(a)(i)

Any information omitted from such deposits and statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes, other than under the laws 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
Richard Ritter 28120 Riggs Court Hayward, CA 94542-2433	Day Area Physical Therapy - Du Occupation Physical Therapist	06/19/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$310.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Rockar 3911 Murry Highlands Circle Murrysville, PA 15669-1734	Centers For Rehab Services Occupation Physical Therapist	06/22/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$530.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Meryl Shore 1806 Heritage Dr P O Box 20 Jamison, PA 18929-0030	Self-Employed Occupation Physical Therapist	06/14/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Sykes 1821 Westridge Rd Los Angeles, CA 90040-2215	Self-Employed Occupation Physical Therapist	06/02/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann Wank 18101 E Warren Detroit, MI 48224-1337	Self-Employed Occupation Physical Therapist	06/08/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Verdon 36 Glen Eagles Rd Washington Township, NJ 07882-1564	Institute PT Occupation Physical Therapist	06/13/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elena Wahbeh 5810 High Dr Shawnee Mission, KS 66208-1127	Self-Employed Occupation Physical Therapist	06/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$2130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

The separate schedule(s) for each category of the so-called "summary page"

PAGE 6 OF 6
 FOR LINE NUMBER 11(a)(i)

All 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 Kathleen Whalen Wadsworth Family Physical Ther 145 Emokorice Drive Wadsworth, OH 44281-8702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wadsworth Family Physical Ther	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period \$200.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$200.00	

B. Full Name, Mailing Address and Zip Code Douglas White 191 Blue Hills Parkway Milton, MA 02186-1535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$500.00	

C. Full Name, Mailing Address and Zip Code Louise Yuxko Carteret PT Associates Inc 3700 Sym Circle Morehead City, NC 28557-4309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Carteret PT Associates Inc	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period \$300.00
	Occupation Physical Therapist	Aggregate Year-to-Date -> \$300.00	

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 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	

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 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	

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 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	

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 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$6166.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code SunTrust 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) 06/30/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$964.45
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)	\$964.45
TOTAL This Period (last page this line number only)	\$964.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Hulshof for Congress PO Box 16021 Alexandria, VA 22302-	Contr. to Rep. Hulshof, MO-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
Norwood for Congress P.O. Box 499 Evans, GA 30809-	Contr. to Rep. Norwood, GA-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/31/2000	\$1000.00
Carnahan for Senate Committee P.O. Box 4708 St. Louis, MO 63108-	Contr. to Cand. Carnahan, MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
DeGette for Congress, Inc. P.O. Box 75214 Washington, DC 20013-	Contr. to Rep. DeGette, CO-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
National Republican Congressional Cte. 320 First Street, SE Washington, DC 20003-	Political Party Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
Cardin for Congress P.O. Box 65036 Baltimore, MD 21209-0036	Contr. to Rep. Cardin, MD-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024-	Contr. to Rep. Dunn, MA-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$7000.00
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

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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
Weygand Committee P.O. Box 7818 Warwick, RI 02887-7818	Contr. to Cand. Weygand, RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
B. Full Name, Mailing Address and Zip Code National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002-	Political Party Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$15000.00
C. Full Name, Mailing Address and Zip Code Fletcher for Congress P.O. Box 4703 Lexington, KY 40544-	Contr. to Rep. Fletcher, KY-6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$500.00
D. Full Name, Mailing Address and Zip Code Friends of Sam Johnson 118 3rd Street, NE Washington, DC 20002-	Contr. to Rep. Sam Johnson, TX-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
E. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Cte 430 S. Capitol Street, SE Washington, DC 20003-	Political Party Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$15000.00
F. Full Name, Mailing Address and Zip Code Jeffords for Vermont 507 Capitol court, NE #100 Washington, DC 20002-	Contr. to Senator Jeffords, VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
G. Full Name, Mailing Address and Zip Code Friends of John Tanner P.O. Box 1988 Union City, TN 38261-	Contr. to Rep. Tanner, TN-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$34500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for
 each category of the
 limited category page

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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
Luther for Congress Volunteer Cte. 1399 Geneva Ave., North #202 Oakdale, MN 55128-	Contr. to Rep. Luther, MN-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$500.00
B. Full Name, Mailing Address and Zip Code Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510-	Purpose of Disbursement Contr. to Rep. Hastert, IL-14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
C. Full Name, Mailing Address and Zip Code Shelia Jackson Lee for Congress 3401 Labbranch Houston, TX 77004-	Purpose of Disbursement Contr. to Rep. Jackson Rep. TX-18 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$500.00
D. Full Name, Mailing Address and Zip Code Stupak for Congress P.O. Box 143 Menominee, MI 49858-	Purpose of Disbursement Contr. to Rep. Stupak, MI-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
E. Full Name, Mailing Address and Zip Code Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648-	Purpose of Disbursement Contr. to Rep. Strickland, OH-6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$500.00
F. Full Name, Mailing Address and Zip Code Democratic Senatorial Campaign Cte. 430 S. Capitol Street, SE Washington, DC 20003-	Purpose of Disbursement Political Party Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$15000.00
G. Full Name, Mailing Address and Zip Code Republican National Committee 110 First Street, SE Washington, DC 20003-	Purpose of Disbursement Political Party Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$10000.00

SUBTOTAL of Disbursements This Page (optional)	\$28500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Permitted Auxiliary Page

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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
Democratic National Committee 470 S. Capitol Street, SE Washington, DC 20003-	Political Party Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$10000.00
B. Full Name, Mailing Address and Zip Code Paul Perry for Congress P.O. Box 5453 Evansville, IN 47716-	Contr. to Cand Paul Perry, IN-8 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/07/2000	\$1000.00
C. Full Name, Mailing Address and Zip Code Hoolley for Congress 6545 Failing Street West Linn, OR 97068-	Contr. to Rep. Hoolley, OR-5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$500.00
D. Full Name, Mailing Address and Zip Code Evan Bayh Committee P.O. Box 40977 Indianapolis, IN 46340-	Contr. to Senator Bayh, IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	\$1000.00
E. Full Name, Mailing Address and Zip Code Bonior for Congress 3270 Grandview Court Shelby Township, MI 48316-	Contr. to Rep. Bonior, MI-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00
F. Full Name, Mailing Address and Zip Code Dianne Byrum for Congress P.O. Box 26191 Lansing, MI 48909-	Contr. to Cand. Byrum, MI-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/21/2000	\$500.00
G. Full Name, Mailing Address and Zip Code Nelson 2000 301 4th Street, NE #201 Washington, DC 20002-	Contr. to Cand. Bill Nelson, NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)

\$15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the data on this page

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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
Nike Ross for Congress Committee P.O. Box 360 Prescott, AR 71857-	Contr. to Cand. Mike Ross, AR-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/07/2000	\$500.00
Buck Limehouse for Congress P.O. Box 21730 Charleston, SC 29413-9948	Contr. to Cand. Limehouse, SC-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/07/2000	\$1000.00
Mike Taylor for Congress P.O. Box 2389 Albemarle, NC 28002-	Contr. to Cand. Mike Taylor, NC-8 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/07/2000	\$500.00
Mary Rieder for Congress 1700 N. Broadway #106 Rochester, MN 55906-	Contr. to Cand. Rieder, MN-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/07/2000	\$500.00
Elton Gallegly for Congress 4451 Brookfield Corp. Dr. #200 Chantilly, VA 20151-	Contr. to Rep. Gallegly, CA-23 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/21/2000	\$1000.00
Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208-	Contr. to Rep. Frost, TX-24 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/21/2000	\$1000.00
Langevin for Congress P.O. Box 55 Providence, RI 02901-	Contr. to Cand. Langevin, RI-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/21/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$5500.00
TOTAL This Period (last page this line number only)	\$90500.00

