

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule 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-	Purpose of Disbursement 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 Hoeley for Congress 6545 Failing Street West Linn, OR 97068-	Purpose of Disbursement Contr. to Rep. Hoeley, 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-	Purpose of Disbursement 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-	Purpose of Disbursement 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-	Purpose of Disbursement 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-	Purpose of Disbursement 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)	