

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 24 12 24 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT


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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/01/98</u> through <u>3/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 289,873.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 225,221.89	
(c) Total Receipts (from Line 19)	\$ 19,516.96	\$ 30,406.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 244,738.85	\$ 320,280.79
7. Total Disbursements (from Line 30)	\$ 58,121.62	\$ 133,663.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 186,617.23	\$ 186,617.23
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	
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 Garland	Date 3/20/98
Signature of Treasurer 	

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

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FEC FORM 3X  
(revised 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <b>Physical Therapy Political Action Committee</b>	REPORT COVERING PERIOD		
	FROM	TO	
<b>I. Receipts</b>			
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$27,075.00	\$6,150.00	11(a)(i)
ii. Unitemized	\$16,713.00	\$21,991.00	11(a)(ii)
iii. Total (add i and ii) >	\$18,788.00	\$28,141.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	\$18,788.00	\$28,141.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$728.96	\$2,265.91	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$19,516.96	\$30,406.91	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$19,516.96	\$30,406.91	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	\$1626.00	\$61,283.82	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	\$1626.00	\$61,283.82	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$56,495.62	\$71,629.74	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements		\$750.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$58,121.62	\$133,663.56	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$58,121.62	\$133,663.56	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	\$18,788.00	\$28,141.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$18,788.00	\$28,141.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$1,626.00	\$61,283.82	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	\$1,626.00	\$61,283.82	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)

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

**NAME OF COMMITTEE (in Full)**

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Allen 44460 Highgate Street Clinton Township, MI 48038	Self	3/18/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Ball 2135 SW 7th Court Boca Raton, FL 33486	Self	3/18/98	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Caldwell 3314 Willington Drive Dublin, OH 43017	Self	3/24/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	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
Robert Frank 7271 North Main Street, Apt 6 Dayton, OH 45415	Self	3/10/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Manheim 17 Middleton Oaks Road. Charleston, SC 29414	Self	3/24/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sharon Smith 118 Kensing Road Columbia, SC 29212	Self	3/18/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	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
Susan Stambush 6110 Tam O'Shanter Houston, TX 77036	Self	3/16/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 500.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11(a)

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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
Cynthia Stephens 2690 May Street, Suite 1 Hood River, OR 97031	Hood River Physical Therapy	3/18/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Tygiel 6606 East Carondelet Drive Tucson, AZ 85710	Self	3/18/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist Aggregate Year-to-Date > \$		

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

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

\$2,075.00

**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 Crestar Investment Bank P.O. Box 498 Richmond, VA	Name of Employer Interest Accrued from Account	Date (month, day, year) 3/31/98	Amount of Each Receipt this Period \$728.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$2,265.91	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	

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

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

\$728.96

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21(b)

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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
Crestar Investment Bank P.O. Box 498 Richmond, VA	Estimated Federal Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/98	\$1,626.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$1,626.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 23

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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
National Republican Congressional Committee 310 1st Street, SE Washington, DC	Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/98	\$7,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican National Committee 310 1st Street, SE Washington, DC	Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/98	\$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Congresswoman Roukema PO Box 625 Ridgewood, NJ 07451	Marge Roukema (R-NJ-5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwood for Congress PO Box 499 Evans, GA 30809	Charles Norwood (R-GA-10) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/98	\$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam and Harry's 1200 19th Street Washington, DC	In-kind Sherrod Brown (R-OH-13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Bart Gordon (R-TN-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Lucas for Congress Committee 4010 Franconia Road Alexandria, VA 22310	Frank Lucas (R-OK-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310	Greg Ganske (R-IA-4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehlers for Congress Committee 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151	Vernon Ehlers (R-MI-3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00

SUBTOTAL of Disbursements This Page (optional) .....

\$16,200.00

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

PAGE 2 OF 5  
FOR LINE NUMBER 23

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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
Thune for Congress 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151	John Thune (H-SD-AL) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
B. Full Name, Mailing Address and ZIP Code Monday Morning PAC PO Box 10097 Arlington, VA 22210	Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$2,500.00
C. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street Washington, DC 20002	Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$5,000.00
D. Full Name, Mailing Address and ZIP Code LoBiondo for Congress PO Box 550 Vineland, NJ 08362	Frank LoBiondo (H-NJ-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
E. Full Name, Mailing Address and ZIP Code Gephardt in Congress 530 Seventh Street, SE Washington, DC 20003	Richard Gephardt (H-MO-3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
F. Full Name, Mailing Address and ZIP Code The Tom Sawyer Committee 1655 West Market Street, Suite 201 Akron, OH 44313	Tom Sawyer (H-OH-14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
G. Full Name, Mailing Address and ZIP Code Capitol Committee 9115 Westerholme Way Vienna, VA 22182	Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Kind for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Ron Kind (H-WI-3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
I. Full Name, Mailing Address and ZIP Code Pallone for Congress PO Box 3176 Long Branch, NJ 07740	Frank Pallone (H-NJ-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00

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

\$11,500.00

**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

PAGE 3 OF 5  
FOR LINE NUMBER 23

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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
Capitol Hill Club 300 First Street, SE Washington, DC 20002	In-kind Fred Upton (H-MI-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$347.81
Capitol Hill Club 300 First Street, SE Washington, DC 20002	In-kind Jim Nussle (H-IA-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$347.81
A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Tom Daschle (S-SD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$2,000.00
Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Roger Wicker (H-MS-1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
Bob Etheridge for Congress PO Box 27646 Raleigh, NC 27611	Bob Etheridge (H-NC-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
Moran for Congress 1225 19th Street, NW Washington, DC 20036	Jim Moran (H-VA-8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$2,000.00
Upton for All of Us PO Box 490 2214 S. State Street St. Joseph, MI 49085	Fred Upton (H-MI-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
Hulshof for Congress PO Box 16021 Alexandria, VA 22302	Kenny Hulshof (H-MO-9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$500.00
Nussle for Congress PO Box 324 Manchester, IA 52057	Jim Nussle (H-IA-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$2,600.00

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

\$9,295.62

**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

PAGE 4 OF 5  
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)**

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham 233 Constitution Avenue, NE Lower Level Washington, DC 20002	Bob Graham (S-FL) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Brady for Congress PO Box 8277 The Woodlands, TX 77387	Purpose of Disbursement Kevin Brady (H-TX-8) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 3/18/98	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Mac Collins for Congress PO Box 35 Jonesboro, GA 30237	Purpose of Disbursement Mac Collins (H-GA-3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/18/98	Amount of Each Disbursement This Period \$500.00
D. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Tom Petri (H-WI-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/18/98	Amount of Each Disbursement This Period \$500.00
E. Full Name, Mailing Address and ZIP Code Sue Kelly '98 PO Box 599 Katonah, NY 10536	Purpose of Disbursement Sue Kelly (H-NY-19) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/98	Amount of Each Disbursement This Period \$500.00
F. Full Name, Mailing Address and ZIP Code The Grassley Committee PO Box 6193 Alexandria, VA 22306	Purpose of Disbursement Charles Grassley (S-IA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/98	Amount of Each Disbursement This Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Bayou Leader PAC 1230 Dartmouth Road Alexandria, VA 22314	Purpose of Disbursement Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/98	Amount of Each Disbursement This Period \$1,000.00
H. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Purpose of Disbursement Bart Stupak (H-MI-1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/98	Amount of Each Disbursement This Period \$500.00
I. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Ben Cardin (H-MD-3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/98	Amount of Each Disbursement This Period \$500.00

SUBTOTAL of Disbursements This Page (optional) .....

\$6,000.00

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

PAGE 5 OF 5  
FOR LINE NUMBER 23

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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
Friends of Jennifer Dunn PO Box 70513 Washington, DC 20024	Jennifer Dunn (H-WA-8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$500.00
B. Full Name, Mailing Address and ZIP Code Weygand Committee PO Box 28405 Providence, RI 02908-0405	Purpose of Disbursement Robert Weygand (H-RI-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$500.00
C. Full Name, Mailing Address and ZIP Code Friends of J.C. Watts 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Purpose of Disbursement J.C. Watts (H-OK-4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$500.00
D. Full Name, Mailing Address and ZIP Code Bass Victory '98 PO Box 3451 Concord, NH 03302	Purpose of Disbursement Charles Bass (H-NH-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$500.00
E. Full Name, Mailing Address and ZIP Code Levin for Congress PO Box 1092 Warren, MI 48090	Purpose of Disbursement Sander Levin (H-MI-12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$500.00
F. Full Name, Mailing Address and ZIP Code Citizens for Kasich 2021 East Dublin-Graville Road Suite 215 Columbus, OH 43299	Purpose of Disbursement John Kasich (H-OH-12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 S. Capitol Street, SE Washington, DC 20003	Purpose of Disbursement Annual Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98	\$10,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

\$13,500.00

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

\$56,495.62

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
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>[Signature]</i> PREPARER	 4-24-98 DATE PREPARED