

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 41
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Physical Therapy Association Physical Therapy Political Action Committee  
(PT-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Matthew J. Lee		Date of Receipt MM / DD / YYYY 04 / 06 / 2010
	Mailing Address 335 Irvine Rd		<b>Transaction ID:</b> 34324935
	City Lexington	State KY	Zip Code 40502-1817
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer KORT	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kate Burns		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 1551 16th Ave E		<b>Transaction ID:</b> 34333762
	City Seattle	State WA	Zip Code 98112-2806
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis Welk		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 94 Hemlock Ln		<b>Transaction ID:</b> 34346614
	City Bloomsburg	State PA	Zip Code 17815-9139
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	