

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 72
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Diane M Poladian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 17715 Tuscan Drive		<b>Transaction ID:</b> 22245743
City State Zip Code Grandada Hills CA 91344-1073	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Progressive Physical Therapy Occupation PT	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Charles Richard Bigelow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 408 N Oakridge Rd		<b>Transaction ID:</b> 22245747
City State Zip Code Brandon SD 57005-1542	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Prairie Rehabilitation Services Occupation PT	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Mark Anthony Netzinger		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 1799 313th Avenue NE		<b>Transaction ID:</b> 22245748
City State Zip Code Cambridge MN 55008-6810	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Ergonomics, Inc. Occupation PT	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	