

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

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

FOR LINE NUMBER: PAGE 11 OF 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, Marielle, Bonaroti, ,

Mailing Address 3521 Ridgewood Dr.

City
Pittsburgh

State
PA

Zip Code
15235-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Suburban Sports Medicine

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 81270307

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barba, Thomas, M., Mr,

Mailing Address 2513 Deerwood Cir

City
Midland

State
MI

Zip Code
48642-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prohealth Rehabilitation

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 81270309

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Steffes, Lynn, A., Dr,

Mailing Address 12660 W Cherrytree Ln

City
New Berlin

State
WI

Zip Code
53151-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 81270312

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

900.00