

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 48

☒ 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. Nicholson, Sheila, K., Dr,**

Mailing Address 4103 Avenida Del Tura

City

North Fort Myers

State

FL

Zip Code

33903-1342

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2019

**Transaction ID : 80015133**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Peterson, Thomas, Matthew, ,**

Mailing Address 1521 Northway Dr  
STE 116

City

Saint Cloud

State

MN

Zip Code

56303-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kinesis Physical Therapy Inc

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2019

**Transaction ID : 80022467**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Barba, Thomas, Michael, 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2019

**Transaction ID : 80022471**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1350.00