

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

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

FOR LINE NUMBER: PAGE 29 OF 48

(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. Dougherty, Dennis, J., ,

Mailing Address 2301 Cherry Lane

City

Bethlehem

State

PA

Zip Code

18015-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rehab Partners

Occupation (for Individual)

PT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2019

Transaction ID : 80145375

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gunn, Jeanine, Marie, Dr,

Mailing Address 6003 Hazelwood Ln Se

City

Bellevue

State

WA

Zip Code

98006-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

PT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2019

Transaction ID : 80145395

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Sanders, Jason, Scott, Dr,

Mailing Address 8090 Cristobal Ave

City

Atascadero

State

CA

Zip Code

93422-5164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Luis Sports Therapy & Orthopedic R

Occupation (for Individual)

PT

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2019

Transaction ID : 80145428

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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