

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Gawenda, Rick, Anthony, Mr,

Mailing Address PO Box 971862

City
YpsilantiState
MIZip Code
48197-0224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Detroit Medical CenterOccupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	1	9		

Transaction ID : 80145434

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Levine, Donald, , ,

Mailing Address 18 Highhawk Rd

City
PortsmouthState
RIZip Code
02871-2253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Olympic Physical TherapyOccupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	1	9		

Transaction ID : 80145435

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Reed, Deborah, A., ,

Mailing Address 9178 Cambridge Rd

City
Tell CityState
INZip Code
47586-8356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Rehab IncorporatedOccupation (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
0	5		1	3		2	0	1	9		

Transaction ID : 80145436

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

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