

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 63

(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. Gilbert, Jeanne, Marie, Ms,

Mailing Address 9 Tuckers Run

City

Ledyard

State

CT

Zip Code

06339-1000

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 ▼

1750.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2019
Transaction ID : 80351563

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. 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 ▼

700.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2019
Transaction ID : 80351564

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Martel, Julie, Marie, Mrs,

Mailing Address 36902 Lamphier St

City

Harrison Township

State

MI

Zip Code

48045-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Healthquest Physical Therapy

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2019
Transaction ID : 80407028

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

375.00

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