

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

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

FOR LINE NUMBER: PAGE 39 OF 63

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Faucheux, Cristina, M., ,**

Mailing Address 4021 Pointe Ave

City  
Zachary

State  
LA

Zip Code  
70791-7346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moreau Physical Therapy

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : 80478772**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Anderson, Stephen, Edward, ,**

Mailing Address 23647 Aldo Road NW

City  
Poulsbo

State  
WA

Zip Code  
98370-9621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Therapeutic Associates Inc.

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : 80478773**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Levine, Donald, , ,**

Mailing Address 18 Highhawk Rd

City  
Portsmouth

State  
RI

Zip Code  
02871-2253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Olympic Physical Therapy

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : 80478774**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

200.00