

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

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

FOR LINE NUMBER: PAGE 52 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. John, Linda, Diane, ,

Mailing Address 4482 Liam Dr

City
Frisco

State
TX

Zip Code
75034-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mustang Public Schools

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2019

Transaction ID : 80478934

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sanders, Barbara, , Dr,

Mailing Address 6913 Nubian Ln

City
Austin

State
TX

Zip Code
78739-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas State University

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 / 21 / 2019

Transaction ID : 80478935

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Christensen, Virginia, Norene, Dr,

Mailing Address PO Box 11083

City
Jackson

State
WY

Zip Code
83002-1083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Four Pines Physical Therapy

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2019

Transaction ID : 80478936

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

400.00