

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Patel, Rupal, M., Dr,

Mailing Address 1835 Lakefront Dr

City
Missouri City

State
TX

Zip Code
77459-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Women's University

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2020

Transaction ID : 81896866

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Patel, Rupal, M., Dr,

Mailing Address 1835 Lakefront Dr

City
Missouri City

State
TX

Zip Code
77459-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Women's University

Occupation (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
03 / 04 / 2020

Transaction ID : 81896867

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Patel, Rupal, M., Dr,

Mailing Address 1835 Lakefront Dr

City
Missouri City

State
TX

Zip Code
77459-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Women's University

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
03 / 05 / 2020

Transaction ID : 81896868

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00