

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

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

FOR LINE NUMBER: PAGE 21 OF 43

(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. Sanders, Jason, Scott, Dr,

Mailing Address 8090 Cristobal Ave

City
Atascadero

State
CA

Zip Code
93422-5164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Movement for Life

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : 82133066

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Smith, Jerry, Arthur, ,

Mailing Address 8534 Brittany Court North

City
Indianapolis

State
IN

Zip Code
46236-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Concentra

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 Y
03 / 06 / 2020

Transaction ID : 82133284

Amount of Each Receipt this Period

250.00

☐ 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 City

State
IN

Zip Code
47586-8356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Rehabilitation Inc.

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2020

Transaction ID : 82133350

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)..... ►

600.00