

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

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

FOR LINE NUMBER: PAGE 71 OF 116

(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. 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 ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2019

Transaction ID : 81519262

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lewis, William, Samuel, ,

Mailing Address 307 York Avenue

City
Lubbock

State
TX

Zip Code
79416-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physical Therapy Today

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 Y
12 / 21 / 2019

Transaction ID : 81519263

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Mairella, Kathleen, K., ,

Mailing Address 48 George Russell Way

City
Clifton

State
NJ

Zip Code
07013-2654

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 ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2019

Transaction ID : 81519264

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)..... ►

450.00