

# **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. Nordstrom, Terrence, M., ,**

Mailing Address 5958 Castle Dr.

City  
OAKLAND

State  
CA

Zip Code  
94611-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Samuel Merritt University

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2020

Transaction ID : 82263011

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Sipe, Sean, Stanley, Dr,**

Mailing Address 2523 Cedar Park Loop Se

City  
Olympia

State  
WA

Zip Code  
98501-6242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Inspire Physical Therapy

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  
04 / 05 / 2020

Transaction ID : 82263871

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Barba, Thomas, M., Mr,**

Mailing Address 915 N WATER ST

City  
BAY CITY

State  
MI

Zip Code  
48708-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Auburn PT

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  
04 / 06 / 2020

Transaction ID : 82263875

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)..... ►

325.00