

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

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

FOR LINE NUMBER: PAGE 15 OF 68

(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. Stewart, Caleb, W., Dr,**

Mailing Address 2003 San Antonio Ct

City  
Lompoc

State  
CA

Zip Code  
93436-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Performance PT and Rehab

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  
09 / 26 / 2019

**Transaction ID : 81008108**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Swygert, Marilyn, M., ,**

Mailing Address 2479 Two Oaks Dr

City  
Charleston

State  
SC

Zip Code  
29414-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATI Physical Therapy

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  
09 / 23 / 2019

**Transaction ID : 81008385**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Akers, Glen, R., Mr,**

Mailing Address 645 NE 26th St

City  
Gresham

State  
OR

Zip Code  
97030-7715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ProActive Orthopedic & Sports PT

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  
09 / 23 / 2019

**Transaction ID : 81008391**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00