

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

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

FOR LINE NUMBER: PAGE 64 OF 107

(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. Bigelow, Charles, Richard, ,

Mailing Address 608 N Oak Ridge Rd

City
BrandonState
SDZip Code
57005-1572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prairie Rehabilitation ServicesOccupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 81277196

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Litzzy, Karen, Marie, Dr,

Mailing Address 160 W 71st St Apt 4t

City
New YorkState
NYZip Code
10023-3949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 81277200

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Sanders, Jason, Scott, Dr,

Mailing Address 8090 Cristobal Ave

City
AtascaderoState
CAZip Code
93422-5164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Luis Sports Therapy & Orthopedic ROccupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 81277202

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

400.00

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