

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

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

FOR LINE NUMBER: PAGE 87 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. Fraboni, Domenic, , ,

Mailing Address 13273 Fiji Way
433

City
Marina Del Rey

State
CA

Zip Code
90292-7090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Big Stone Therapies

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : 81291002

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Logerstedt, David, S., Dr,

Mailing Address 418 Bannockburn Ave

City
Ambler

State
PA

Zip Code
19002-5829

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of the Sciences

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : 81291003

Amount of Each Receipt this Period

22.50

☐ Memo Item

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

C. 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 ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : 81291004

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

322.50

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