

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. Dougherty, Judith, , ,

Mailing Address 2301 Cherry Lane

City
Bethlehem

State
PA

Zip Code
18015-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physical Therapy at St. Luke's

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
06 / 12 / 2019

Transaction ID : 80260444

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sanders, Jason, Scott, Dr,

Mailing Address 8090 Cristobal Ave

City

Atascadero

State

CA

Zip Code

93422-5164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Luis Sports Therapy & Orthopedic R

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2019

Transaction ID : 80260445

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Sanders, Kelly, Marie, Ms,

Mailing Address 8090 Cristobal Ave

City

Atascadero

State

CA

Zip Code

93422-5164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Luis Sports Therapy & Orthopedic R

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2019

Transaction ID : 80260446

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)..... ►

250.00