

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

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

FOR LINE NUMBER: PAGE 40 OF 58  
(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. Levine, Donald, , ,**

Mailing Address 18 Highhawk Rd

City  
Portsmouth

State  
RI

Zip Code  
02871-2253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Olympic 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  
08 / 12 / 2019

**Transaction ID : 80605734**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Pennisi, Angela, Wilson, Ms,**

Mailing Address 825 Sherman Ave

City  
Evanston

State  
IL

Zip Code  
60202-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LakeShore Sports Physical Therapy

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2019

**Transaction ID : 80605735**

Amount of Each Receipt this Period

100.00

☐ 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  
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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2019

**Transaction ID : 80605736**

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