

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

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

FOR LINE NUMBER: PAGE 16 OF 35

(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. Barba, Thomas, Michael, Mr,

Mailing Address 2513 Deerwood Cir

City
Midland

State
MI

Zip Code
48642-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prohealth Rehabilitation

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
04 / 26 / 2019

Transaction ID : 79839300

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Downs, W., James, Dr, Jr

Mailing Address 1001 King Charles Ave

City

Rehoboth Beach

State
DE

Zip Code
19971-2239

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tidewater Physical Therapy

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 79845413

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Grover, Roger, Bruce, Mr,

Mailing Address 910 Clifton Rd

City

De Leon Springs

State
FL

Zip Code
32130-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Trittschuh Physical Therapy Inc

Occupation (for Individual)

PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : 79845419

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00