

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Pennisi, Angela, Wilson, Ms,**

Mailing Address 825 Sherman Ave

City  
EvanstonState  
ILZip Code  
60202-1764FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LakeShore Sports Physical TherapyOccupation (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
04	12	2019

**Transaction ID : 79893788**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Norby, Sandra, Lee, ,**Mailing Address 8 Katrina Street  
PO Box 627City  
Arnolds ParkState  
IAZip Code  
51331-7751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Le Mars Physical TherapyOccupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	12	2019

**Transaction ID : 79893789**

Amount of Each Receipt this Period

250.00

☐ 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 ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
04	12	2019

**Transaction ID : 79893790**

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)..... ►

450.00