

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

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

FOR LINE NUMBER: PAGE 23 OF 46

(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. Rapposelli, Stephen, , Mr,

Mailing Address 6 Maplewood Cir

City
Newark

State
DE

Zip Code
19711-2492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Performance Physical Therapy

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
03 / 12 / 2019

Transaction ID : 79691806

Amount of Each Receipt this Period

100.00

☐ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2019

Transaction ID : 79691807

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2019

Transaction ID : 79691811

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)..... ►

300.00