

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. Jenkins, Ruth, Frances, ,

Mailing Address 275 WHITE HERON DR

City
SANTA ROSA BEACH

State
FL

Zip Code
32459-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fyzical Therapy and Balance Centers

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
05 / 17 / 2020

Transaction ID : 82360600

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Chiavola-Larson, Laura, , ,

Mailing Address 318 Assembly Ave

City
Santa Cruz

State
CA

Zip Code
95062-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dominican Hospital

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2020

Transaction ID : 82360607

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Jones, Maria, , ,

Mailing Address 2907 N. Warren Avenue

City
Oklahoma City

State
OK

Zip Code
73107-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oklahoma City University

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2020

Transaction ID : 82360610

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)..... ►

160.00