

# **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. Appling, Susan, A., Dr,**

Mailing Address 2572 Bryden Rd

City  
Bexley

State  
OH

Zip Code  
43209-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Ohio State University

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 14 / 2020

Transaction ID : 82364774

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Folmar, Eric, Joseph, Mr,**

Mailing Address 120 Oak Street

City  
Westwood

State  
MA

Zip Code  
02090-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northeastern University

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 14 / 2020

Transaction ID : 82364801

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Johnson, Ryan, Scott, ,**

Mailing Address 301 E 69th St Apt 3b

City  
New York

State  
NY

Zip Code  
10021-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPA Manhattan

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 14 / 2020

Transaction ID : 82364810

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