

# **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. 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2019

**Transaction ID : 81338609**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Prost, Evan, Lawrence, ,**

Mailing Address 1402 Gary St

City  
Columbia

State  
MO

Zip Code  
65203-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Missouri

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  
11 / 16 / 2019

**Transaction ID : 81338630**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

**C. Jenkins, Ruth, Frances, ,**

Mailing Address 6137 Mockingbird Hill Ct

City  
Crestview

State  
FL

Zip Code  
32539-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Manual Therapy, LLC

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2019

**Transaction ID : 81338633**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

550.00