

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

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<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. Menhard, Raymond, C., Dr,

Mailing Address 22 Casper Way Apt 9

City
StarkvilleState
MSZip Code
39759-7543FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	26	2019

Transaction ID : 81384397

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hays, Belinda, , ,

Mailing Address 1648 Devonshire Dr

City

Seymour

State

IN

Zip Code

47274-1991

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Progressive Physical Therapy

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	19	2019

Transaction ID : 81384444

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Black, Carl, Joseph, Dr,

Mailing Address 1532 Nathan Hills Cir

City

Maryville

State

TN

Zip Code

37801-8981

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Appalachian Therapy

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	26	2019

Transaction ID : 81384445

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).....▶

250.00