

# **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. Scharen, Amanda, C., Dr,**

Mailing Address 1545 Nw 57th St Unit 629

City  
Seattle

State  
WA

Zip Code  
98107-5653

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Therapeutic Associates, Inc. Queen Ann

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 Y  
05 / 23 / 2019

**Transaction ID : 80108210**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2019

**Transaction ID : 80108229**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2019

**Transaction ID : 80108230**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00