

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Athletic Trainers' Association Inc Political Action Committee (NATA PAC)

A. Thornton, James, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address Department of Athletics 840 Wood St. City Clarion State PA Zip Code 16214-1240 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Clarion University of PA Occupation (for Individual) Head Athletic Trainer Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2019 Transaction ID : C3904397 Amount of Each Receipt this Period 42.00 <input type="checkbox"/> Memo Item
B. Voll, Craig, A., , Jr. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2142 Old Oak Dr City W Lafayette State IN Zip Code 47906-9701 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Franciscan Health Sports Medicine Occupation (for Individual) Manager Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2019 Transaction ID : C3910715 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		92.00
TOTAL This Period (last page this line number only)..... ▶		521.16