

# **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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

**Transaction ID : 82181568**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Ropp, Susan, M., Mrs,**

Mailing Address 1344 Pinecrest

City

Kettle Falls

State  
WA

Zip Code  
99141-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Mount Carmel Hospital

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

**Transaction ID : 82181573**

Amount of Each Receipt this Period

44.00

☐ Memo Item

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

**C. Aikens, Andrew, R., Mr,**

Mailing Address 1773 Star Batt Dr

City

Rochester Hills

State  
MI

Zip Code  
48309-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthQuest Physical Therapy

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 Y  
04 / 02 / 2020

**Transaction ID : 82191791**

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)..... ►

244.00