

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

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

FOR LINE NUMBER: PAGE 17 OF 27

(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)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

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

A. Hays, Belinda, , Dr,

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : 82262992

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Frederic, Krista, Rachel, Ms,

Mailing Address 8459 Woburn Ct

City
Windermere

State
FL

Zip Code
34786-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forever Fit Physical Therapy & Wellnes

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : 82262994

Amount of Each Receipt this Period

250.00

☐ 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)
Total Rehabilitation

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 / 20 / 2020

Transaction ID : 82262997

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

450.00

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