

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)

PAGE 29 OF 68

☒ 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. 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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : 81053099

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Royce, Herbert, Scott, ,

Mailing Address 227 Air Park Dr.
apt 5

City
WATERTOWN

State
WI

Zip Code
53094-7426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Hospital

Occupation (for Individual)
PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : 81053102

Amount of Each Receipt this Period

50.00

☐ 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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : 81053104

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