

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. Jenkins, Ruth, Frances, ,

Mailing Address 6137 Mockingbird Hill Ct

City
Crestview

State
FL

Zip Code
32539-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Manual Therapy, LLC

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 81201676

Amount of Each Receipt this Period

50.00

☐ 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 and Welln

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 81201677

Amount of Each Receipt this Period

210.00

☐ 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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2019

Transaction ID : 81201679

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)..... ►

410.00