

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

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

FOR LINE NUMBER: PAGE 45 OF 60
(check only one)
☒ 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)

A. Dolvig, Louise, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8869 Bomke Rd City Pleasant Plains State IL Zip Code 62677-3762 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) St. John's Hospital Occupation (for Individual) PTA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2017 Transaction ID : 76488252 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
B. Barnes, Robert, Marston, Mr, Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 587 E Greencreek Ct City Eagle State ID Zip Code 83616-3875 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2017 Transaction ID : 76507783 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Edwards, Dana, Marie, Dr, Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 9 Beech St City Oakland State NJ Zip Code 07436-3928 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) West Milford PT Occupation (for Individual) PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2017 Transaction ID : 76507791 Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			310.00
TOTAL This Period (last page this line number only)..... ▶			