

# **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 58

(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)

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

**A. Nowak, Frank, A, ,**

Mailing Address 92 West Ave

City  
Brockport

State  
NY

Zip Code  
14420-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Agape Physical Therapy

Occupation (for Individual)  
PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2019

Transaction ID : 80519906

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2019

Transaction ID : 80522845

Amount of Each Receipt this Period

50.00

☐ 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2019

Transaction ID : 80522848

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

450.00

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