

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

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

FOR LINE NUMBER: PAGE 20 OF 35

(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. Harms, Susan, M., ,

Mailing Address 3650 Everett Dr

City
Manhattan

State
KS

Zip Code
66503-8131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

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 Y
04 / 18 / 2019

Transaction ID : 79883516

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 79883518

Amount of Each Receipt this Period

150.00

☐ 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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2019

Transaction ID : 79883520

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

325.00

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