

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Foltz, Lynne, Carol, Ms,**

Mailing Address 1315 Dale Dr

City  
Silver SpringState  
MDZip Code  
20910-1603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	18	2019

**Transaction ID : 79682899**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Hays, Belinda, , ,**

Mailing Address 1648 Devonshire Dr

City  
SeymourState  
INZip Code  
47274-1991FEC 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 ▼

450.00

Date of Receipt

M M	D D	Y Y Y Y
03	19	2019

**Transaction ID : 79682900**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Larsen, Deborah, Sue, Dr,**

Mailing Address 5842 Chatterfield Dr

City  
DublinState  
OHZip Code  
43017-2578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio State Univ SAMP

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
03	29	2019

**Transaction ID : 79683078**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

900.00