

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. Reese, Nancy, B., Dr,

Mailing Address 3335 Chimney Rock St

City
Conway

State
AR

Zip Code
72034-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Central Arkansas

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2019

Transaction ID : 79691825

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Mairella, Kathleen, K., ,

Mailing Address 48 George Russell Way

City
Clifton

State
NJ

Zip Code
07013-2654

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2019

Transaction ID : 79691828

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Appling, Susan, A., Dr,

Mailing Address 2572 Bryden Rd

City
Bexley

State
OH

Zip Code
43209-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee

Occupation (for Individual)
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2019

Transaction ID : 79691832

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00