

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Kenneth G Berkenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address Lancaster Radiology Associates
 PO Box 3555
 City Lancaster State PA Zip Code 17604-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Radiation Oncologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3045373
 Amount of Each Receipt this Period
 84.00

B. Timothy Andrew Bernauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Pintail Pl
 City Appleton State WI Zip Code 54913-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : C3029894
 Amount of Each Receipt this Period
 210.00

C. Alfred James Beyer III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Trent Woods Dr
 City Trent Woods State NC Zip Code 28562-7441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3046068
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional).....▶	374.00
TOTAL This Period (last page this line number only).....▶	