

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

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

FOR LINE NUMBER: PAGE 135 OF 145  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel N Vinocur**

Mailing Address 615 C Ave

City State Zip Code  
Coronado CA 92118-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Children's Hospital Boston Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013  
**Transaction ID : C2493671**

Amount of Each Receipt this Period  
450.00

Full Name (Last, First, Middle Initial)  
**B. Roger Vithalani**

Mailing Address 516 Chesapeake Place

City State Zip Code  
Greenville NC 27858-0678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eastern Radiology Diagnostic Radiologist

Receipt For:  
 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  
 10 / 29 / 2013  
**Transaction ID : C2493634**

Amount of Each Receipt this Period  
126.00

Full Name (Last, First, Middle Initial)  
**C. David Allen Walker**

Mailing Address 8040 Woodpecker Trl

City State Zip Code  
Jacksonville FL 32256-7333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mayo Clinic Jacksonville Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : C2493648**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1076.00

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