

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

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

FOR LINE NUMBER: PAGE 43 OF 222

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

A. Cole, Devon, , MD

Mailing Address 5121 Rockmont ct

City  
Winston-Salem

State  
NC

Zip Code  
27104-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wake Forest Baptist Health

Occupation (for Individual)  
Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2019

Transaction ID : C3893431

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Coleman, Nathan, Mikeal, , MD

Mailing Address 550 N. University Blvd., Room 0641

City  
Indianapolis

State  
IN

Zip Code  
46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana University School of Medicine

Occupation (for Individual)  
Diagnostic Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2019

Transaction ID : C3893443

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Collazo-Ornes, Pedro, , ,

Mailing Address 3 Nairn St Cond Oceanica Apt 9

City  
San Juan

State  
PR

Zip Code  
00907-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SP Radiology, LLC

Occupation (for Individual)  
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2019

Transaction ID : C3893483

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

155.00

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