

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

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

FOR LINE NUMBER: PAGE 122 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. Lewis, Madelene, C, , Dr.

Mailing Address 687 Olde Salt Run

City

Mount Pleasant

State

SC

Zip Code

29464-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical University of South CarolinaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2019

Transaction ID : C3890230

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Liddell, Robert, Patrick, , MD

Mailing Address 748 Chapel Ridge Rd

City

Lutherville

State

MD

Zip Code

21093-1897

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins Hosp-Johns HopkinsOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : C3901860

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Liebling, Melissa, Schubach, ,

Mailing Address 13 Ivy Ln

City

Spring Valley

State

NY

Zip Code

10977-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

101.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2019

Transaction ID : C3902212

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

279.26

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