

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 College of Radiology Association PAC

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

A. Poulton, Thomas, Bernard, , MD, FACR

Mailing Address Aultman Hospital
2600 6th St SW

City
Canton

State
OH

Zip Code
44710-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aultman Hospital

Occupation (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 / 20 / 2019

Transaction ID : C3901786

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Pourjabbar, Sarvenaz, , , MD

Mailing Address 185 Canal Street
3085

City
Shelton

State
CT

Zip Code
06484

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale New Haven Hospital

Occupation (for Individual)
Radiology resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID : C3893455

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

c. Pourjabbar, Sarvenaz, , , MD

Mailing Address 185 Canal Street
3085

City
Shelton

State
CT

Zip Code
06484

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale New Haven Hospital

Occupation (for Individual)
Radiology resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID : C3901805

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

310.00