

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

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

FOR LINE NUMBER: PAGE 104 OF 158

(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. Morris, Ellen, B, ,

Mailing Address 10 Eagle Dr

City
Canton

State
MA

Zip Code
02021-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Shore Hospital

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2019

Transaction ID : C3929518

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

B. Naik, Mohit, Madan, , MD

Mailing Address 50 Riverside Blvd Apt 4H

City
New York

State
NY

Zip Code
10069-0232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.90

Date of Receipt

MM / DD / YYYY
07 / 03 / 2019

Transaction ID : C3918264

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

C. Naik, Mohit, Madan, , MD

Mailing Address 50 Riverside Blvd Apt 4H

City
New York

State
NY

Zip Code
10069-0232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

267.90

Date of Receipt

MM / DD / YYYY
07 / 18 / 2019

Transaction ID : C3929451

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

73.22