

# **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)

PAGE 55 OF 290

☒ 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. Coleman, Beverly, G, , MD, FACR**

Mailing Address 1921 Montgomery Avenue

City  
Villanova

State  
PA

Zip Code  
19085

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology Asso Children's Hospital of

Occupation (for Individual)  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2019

**Transaction ID : C3881343**

Amount of Each Receipt this Period

1000.00

☐ 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: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2019

**Transaction ID : C3882586**

Amount of Each Receipt this Period

30.00

☐ 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2019

**Transaction ID : C3881355**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1130.00