

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. Thordarson, Smari, , ,

Mailing Address 325 N Timber Ridge Rd

City
Laporte

State
IN

Zip Code
46350-7956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Laporte Radiology Inc.

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
04 / 12 / 2019

Transaction ID : C3884589

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Thornton, Christopher, O, ,

Mailing Address 308 Townsend St

City

Saint Louis

State

MO

Zip Code

63141-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Radiological Associates, P.C.

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
04 / 26 / 2019

Transaction ID : C3887869

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Tice, Joshua, G, , Dr.

Mailing Address 118 Logan Ave

City

Wyomissing

State

PA

Zip Code

19610-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Reading Radiology Associates

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2019

Transaction ID : C3875054

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

520.00