

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. Rodgers, Daniel, A, , Dr.

Mailing Address 25 S Gate Rd

City
Charleston

State
WV

Zip Code
25314-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kanawha Valley Radiologists

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2020

Transaction ID : C4064607

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Rodriguez, David, , , MD

Mailing Address 337 River Forest Pkwy

City
Jeffersonville

State
IN

Zip Code
47130-7485

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates, Inc

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2020

Transaction ID : C4063896

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Rosenbloom, Scott, A, ,

Mailing Address 605 Kempton Rd

City
Knoxville

State
TN

Zip Code
37909-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abercrombie Radiology

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
04 / 27 / 2020

Transaction ID : C4064596

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00