

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

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

FOR LINE NUMBER: PAGE 25 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

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

A. Jaimes, Michael, A, , MD

Mailing Address 4115 Firstview Dr

City
Austin

State
TX

Zip Code
78731-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin Radiological Associates

Occupation (for Individual)
Interventional 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
01 / 05 / 2018

Transaction ID : C3670597

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Jhaveri, Ravi, Jay, ,

Mailing Address 4104 House Of York

City
Austin

State
TX

Zip Code
78730-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin Radiological Associates

Occupation (for Individual)
Diagnostic 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
01 / 05 / 2018

Transaction ID : C3670598

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Johnson, Charles, E, ,

Mailing Address 13337 Brightsky Overlook

City
Austin

State
TX

Zip Code
78732-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin Radiological Associates

Occupation (for Individual)
Diagnostic 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
01 / 05 / 2018

Transaction ID : C3670599

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00