

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

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

FOR LINE NUMBER: PAGE 36 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. Naples, Jason, Christopher, ,

Mailing Address 12554 Riata Vista Circle

City
Austin

State
TX

Zip Code
78727-6431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin Radiological Association

Occupation (for Individual)
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 01 / 05 / 2018

Transaction ID : C3670620

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Nguyen, Michael, Phuc, , MD, Ph.D

Mailing Address 2602 Cedarview Dr

City
Austin

State
TX

Zip Code
78704-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin Radiological Association

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 01 / 05 / 2018

Transaction ID : C3670621

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. O'Brien, Seth, David, ,

Mailing Address 2610 Green Falls Ct

City
San Antonio

State
TX

Zip Code
78258-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nat'l Capital Consortium-Unfmed S

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 01 / 05 / 2018

Transaction ID : C3670622

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