

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 215 OF 273

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Simmons, Lonnie, D, ,
 Mailing Address Gundersen/Lutheran Med Ctr
 1900 South Ave C02-002

 City
 La Crosse

 State
 WI

 Zip Code
 54601-5494

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 Gundersen Health System

 Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2019

Transaction ID : C3868915

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Sloan, Michael, L, ,

Mailing Address PO Box 637

 City
 Casper

 State
 WY

 Zip Code
 82602-0637

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 Casper Medical Imaging, P.C.

 Occupation (for Individual)
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2019

Transaction ID : C3870660

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Smith, Alexander, Thomas, ,

Mailing Address 40 Ashe St Apt A

 City
 Charleston

 State
 SC

 Zip Code
 29403-5364

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 MUSC

 Occupation (for Individual)
 Diagnostic Radiologist

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2019

Transaction ID : C3870935

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

588.34

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