

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

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

FOR LINE NUMBER: PAGE 216 OF 273

(check only one)

☒ 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. Smith, Geoffrey, Giles, ,

Mailing Address Casper Medical Imaging

419 S Washington St Ste 101

City

Casper

State

WY

Zip Code

82601-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Casper Medical Imaging

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C3870663

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Smith, Kevin, L, , MD, FACR

Mailing Address 1990 Connecticut Ave S Ste 100

City

Sartell

State

MN

Zip Code

56377-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regional Diagnostic Radiology

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 Y  
03 / 28 / 2019

Transaction ID : C3870241

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Norwood, M, ,

Mailing Address 2531eastover drive

City

Jackson

State

MS

Zip Code

39211-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jackson radiology associates

Occupation (for Individual)

Radiologist

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : C3864673

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1650.00