

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 36
(check only one)

<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. Cohen, Steven, M, ,

Mailing Address 28 Salem Road

City
WestportState
CTZip Code
06880FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced RadiologyOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2017

Transaction ID : C3467269

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Collazo-Ornes, Pedro, , ,

Mailing Address PO Box 9024255

City
San JuanState
PRZip Code
00902-4255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SP RADIOLOGY, PSCOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
02	16	2017

Transaction ID : C3471021

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Collazo-Ornes, Pedro, , ,

Mailing Address PO Box 9024255

City
San JuanState
PRZip Code
00902-4255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SP RADIOLOGY, PSCOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
02	18	2017

Transaction ID : C3471578

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

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