

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

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

FOR LINE NUMBER: PAGE 64 OF 82  
(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. Rhode, Clarissa, , ,**

Mailing Address 4905 N Grandview Dr

City

Peoria Heights

State

IL

Zip Code

61616-5374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tri-County Radiologists

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

80.00

Date of Receipt

MM / DD / YYYY  
01 / 09 / 2020

Transaction ID : C4022666

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. Robinette, Joseph, Judge, , MD**

Mailing Address 680 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-7858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eastern Radiologists Inc.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

126.00

Date of Receipt

MM / DD / YYYY  
01 / 22 / 2020

Transaction ID : C4022732

Amount of Each Receipt this Period

126.00

☐ Memo Item

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

**C. Rodriguez, Craig, , ,**

Mailing Address 2020 Euclid Ave Apt 408

City

Cleveland

State

OH

Zip Code

44115-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St. Paul Radiology

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
01 / 06 / 2020

Transaction ID : C4022575

Amount of Each Receipt this Period

260.00

☐ Memo Item

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

466.00

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