

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

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

FOR LINE NUMBER: PAGE 40 OF 62  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society for Radiation Oncology PAC ("ASTRO-PAC")**

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

**A. Schreiber, David, , MD**

Mailing Address 143 Frederick Pl

City  
Bergenfield

State  
NJ

Zip Code  
07621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Summit Medical Group

Occupation (for Individual)  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2019

Transaction ID : C3959763

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Sharma, Navesh, K., , DO, PhD**

Mailing Address Kaufman Cancer Center  
Dept. of Radiation Oncology

City  
Bel Air

State  
MD

Zip Code  
21014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland

Occupation (for Individual)  
Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : C3959669

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Sheldon, John, M., , MD**

Mailing Address 6915 Edgevale Rd

City  
Kansas City

State  
MO

Zip Code  
64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRI PA

Occupation (for Individual)  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2019

Transaction ID : C3959769

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00