

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)

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☒ 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. Cronan, John, J, ,

Mailing Address 6 Atlantic Crossing

City
Barrington

State
RI

Zip Code
02806-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIMI

Occupation (for Individual)
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
03 / 07 / 2020

Transaction ID : C4035568

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Crow, Keith, Alan, ,

Mailing Address 523 Berwick Town

City
San Antonio

State
TX

Zip Code
78249-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Texas Radiology Group, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2020

Transaction ID : C4035614

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Cubin, Frederick, W, , Dr.

Mailing Address 2441 Fairwood Commons Ave

City
Casper

State
WY

Zip Code
82609-3299

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2020

Transaction ID : C4038070

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

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

1900.00