

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 159
(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. Simmons, Lonnie, D, ,Mailing Address Gundersen/Lutheran Med Ctr
1900 South Ave C02-002City
La CrosseState
WIZip Code
54601-5494FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health SystemOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
03	/	24	/	2020

Transaction ID : C4040536

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Simon, Peter, Otto, , Dr.

Mailing Address 3234 Basalt Pl

City
DavidsonState
NCZip Code
28036-7623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

126.00

Date of Receipt

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

Transaction ID : C4035784

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Sloan, Michael, L, ,

Mailing Address PO Box 637

City
CasperState
WYZip Code
82602-0637FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Casper Medical Imaging, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C4038068

Amount of Each Receipt this Period

500.00

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

625.34

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