

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

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

FOR LINE NUMBER: PAGE 62 OF 207

(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. Gardella, Dean, , , Dr.

Mailing Address 2126 NE 17th Ave

City
PortlandState
ORZip Code
97212-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2019

Transaction ID : C3911405

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

B. Gardella, Dean, , , Dr.

Mailing Address 2126 NE 17th Ave

City
PortlandState
ORZip Code
97212-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2019

Transaction ID : C3911442

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

C. Garrett, Kevin, , , Dr.

Mailing Address 3768 Highland Park Pl

City
MemphisState
TNZip Code
38111-6923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memphis Radiological PCOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2019

Transaction ID : C3910987

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

418.52

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