

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 207  
(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. Patel, Rita, S, ,**

Mailing Address 3 Ware Rd

City  
Upper Saddle RiverState  
NJZip Code  
07458-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hackensack Radiology GroupOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.18

Date of Receipt

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

**Transaction ID : C3911460**

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

**B. Patel, Romil, Y, , Dr.**Mailing Address 734 N. 3rd St  
Suite 115City  
LeesburgState  
FLZip Code  
34748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake Medical ImagingOccupation (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 Y
06	26	2019

**Transaction ID : C3909960**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Patterson, Carrie, Watson, , Dr.**

Mailing Address PO Box 243

City  
EadsState  
TNZip Code  
38028-0243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Memphis RadiologyOccupation (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 : C3911009**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

717.86