

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

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

FOR LINE NUMBER: PAGE 55 OF 304

(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. Collazo-Ornes, Pedro, , ,

Mailing Address PO Box 9024255

City  
San Juan

State  
PR

Zip Code  
00902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SP Radiology, LLC

Occupation (for Individual)  
Neuroradiology

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2019

Transaction ID : C3965296

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Collette, Dean, Ross, ,

Mailing Address 1005 W Rickelman Ave

City  
Effingham

State  
IL

Zip Code  
62401-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCW Vascular/Interv Rad Flwshp

Occupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : C3973376

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

c. COLLINS, DENISE, DeBrule, , MD, FACR

Mailing Address 826 EDMONT RUN

City  
BLOOMFIELD HILLS

State  
MI

Zip Code  
48304-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HENRY FORD HEALTH SYSTEM

Occupation (for Individual)  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : C3962005

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

182.50

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