

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 304

<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. Kravath, Peter, E, ,**

Mailing Address 2137 Dilworth Rd E

City  
CharlotteState  
NCZip Code  
28203-5727FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Charlotte RadiologyOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2019

**Transaction ID : C3966474**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Krieger, Daniel, , , MD**Mailing Address 160 N 9th Ave  
130 Kinderkamack Rd Ste 200

City

Highland Park

State  
NJZip Code  
08904-3628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HackensackOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.72

Date of Receipt

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

**Transaction ID : C3966596**

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

**C. Krieger, Daniel, , , MD**Mailing Address 160 N 9th Ave  
130 Kinderkamack Rd Ste 200

City

Highland Park

State  
NJZip Code  
08904-3628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HackensackOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2019

**Transaction ID : C3973424**

Amount of Each Receipt this Period

9.26

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

60.52

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