

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

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

FOR LINE NUMBER: PAGE 168 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. Mallory, Joseph, B, ,**

Mailing Address 1740 Little Willow Rd

City  
Morris

State  
IL

Zip Code  
60450-6846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2019

**Transaction ID : C3973488**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Maloney, Daniel, B, , DO**

Mailing Address 19 Woodview Dr

City

Garnet Valley

State

PA

Zip Code

19060-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ChristianaCare

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : C3967678**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**c. Maloney, Taylor, , ,**

Mailing Address 5254 Vanderbilt Avenue

Dallas

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baylor University Medical Center

Occupation (for Individual)

Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : C3967683**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1275.00