

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

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

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 304

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

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

A. Moriarity, Andrew, Kent, , MD

Mailing Address 335 Bridge St NW, APT 2300
Grand Rapids

City

Grand Rapids

State

MI

Zip Code

49504-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Radiology Services

Occupation (for Individual)

Radiologist

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

MM / DD / YYYY
10 / 16 / 2019

Transaction ID : C3963265

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Morris, Ellen, B, , MD

Mailing Address 10 Eagle Dr

City

Canton

State

MA

Zip Code

02021-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Shore Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

337.50

Date of Receipt

MM / DD / YYYY
10 / 02 / 2019

Transaction ID : C3964063

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

c. Morrow, Michael, , , DO

Mailing Address 11 East Swallow

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kansas Imaging Consultants

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
10 / 25 / 2019

Transaction ID : C3967740

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

107.50