

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

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

FOR LINE NUMBER: PAGE 192 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. Morton, John, A, ,**

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City  
Indianapolis

State  
IN

Zip Code  
46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Radiology Network

Occupation (for Individual)  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2019

**Transaction ID : C3965179**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Moyers, Joseph, , ,**

Mailing Address Quantum Radiology Northwest

City  
Atlanta

State  
GA

Zip Code  
30339-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Quantum Radiology

Occupation (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  
10 / 03 / 2019

**Transaction ID : C3966122**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

**C. Muhr, William, F, , JR**

Mailing Address 240C Race Street

City  
Philadelphia

State  
PA

Zip Code  
19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Jersey Radiology

Occupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2019

**Transaction ID : C3967811**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1400.00