

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

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

FOR LINE NUMBER: PAGE 125 OF 149

(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. Thomasson, Jeffrey, L, ,**

Mailing Address 3 Brookside Ln

City  
Saint Louis

State  
MO

Zip Code  
63124-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
West County Radiological Group

Occupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017

**Transaction ID : C3482478**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**B. Thomson, Norman, B, , III**

Mailing Address 808 Mayo Ln

City  
Augusta

State  
GA

Zip Code  
30907-9292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Augusta University Medical Associates

Occupation (for Individual)  
Diagnostic 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 Y  
03 / 02 / 2017

**Transaction ID : C3474093**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Thornton, Francis, Joseph, ,**

Mailing Address 3871 Caribou Rd

City  
Verona

State  
WI

Zip Code  
53593-8664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UW Health Community Radiology

Occupation (for Individual)  
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2017

**Transaction ID : C3477892**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1325.00