

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

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

FOR LINE NUMBER: PAGE 57 OF 160

(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. Harris, Robert, D, ,

Mailing Address 201 E Washington St Unit 1002

City  
Iowa CityState  
IAZip Code  
52240-3997FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Iowa Hospitals and CliniOccupation (for Individual)  
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2017

Transaction ID : C3607856

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Harter, Scott, B, ,

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100City  
Little RockState  
ARZip Code  
72210-1706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology Consultants of Little RockOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

Transaction ID : C3616945

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

C. Haste, Adam, Kyle, , MD

Mailing Address 931 E 1st Ave Apt 301

City  
BroomfieldState  
COZip Code  
80020-3720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synergy Radiology LLCOccupation (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 / 16 / 2017

Transaction ID : C3607776

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

1040.00

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