

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Patel, Manisha, , MD

Mailing Address 330 E 33rd St Apt 3G

City
New YorkState
NYZip Code
10016-9427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson University HospitalOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	20	2019

Transaction ID : C3953716

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Patel, Ripple, , DO

Mailing Address 24 Sheffield Dr

City
MoorestownState
NJZip Code
08057-3089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	20	2019

Transaction ID : C3953712

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Patel, Rita, S, ,

Mailing Address 3 Ware Rd

City
Upper Saddle RiverState
NJZip Code
07458-1919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.20

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	12	2019

Transaction ID : C3953193

Amount of Each Receipt this Period

17.86

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

257.86

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