

# **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)

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

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NAME OF COMMITTEE (In Full)

**American Society for Radiation Oncology PAC ("ASTRO-PAC")**

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

**A. McCall, Bradley, T., , MD**

Mailing Address 1009 Sedgewood Place Ct

City  
Charlotte

State  
NC

Zip Code  
28211-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southeast Radiation Oncology

Occupation (for Individual)  
Radiation Oncologist

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  
04 / 17 / 2019

**Transaction ID : C3881611**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. McCammon, Robert, J., , MD**

Mailing Address 200 Queens Rd Ste 400

City  
Charlotte

State  
NC

Zip Code  
28204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southeast Radiation Oncology Group PA

Occupation (for Individual)  
Radiation Oncologist

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  
04 / 17 / 2019

**Transaction ID : C3881686**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**c. McGinnis, LaMar Scott, , , MD**

Mailing Address 200 Queens Rd Ste 400

City  
Charlotte

State  
NC

Zip Code  
28204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southeast Radiation Oncology Group PA

Occupation (for Individual)  
Radiation Oncologist

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  
04 / 17 / 2019

**Transaction ID : C3881514**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00