

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

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

FOR LINE NUMBER: PAGE 36 OF 189

(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. Cole, Timothy, John, ,

Mailing Address 4101 Dover Road

City
Richmond

State
VA

Zip Code
23221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2019

Transaction ID : C3977513

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Coleman, Richard, J, ,

Mailing Address 2006 Franklin St., Suite 200

City
Huntsville

State
AL

Zip Code
35801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology of Huntsville, P.C.

Occupation (for Individual)
Radiology of Huntsville, P.C.

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
11 / 06 / 2019

Transaction ID : C3977505

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Collazo-Ornes, Pedro, , ,

Mailing Address PO Box 9024255

City
San Juan

State
PR

Zip Code
00902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SP Radiology, LLC

Occupation (for Individual)
Neuroradiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2019

Transaction ID : C3971064

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1350.00