

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

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

FOR LINE NUMBER: PAGE 143 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. Saxon, Richard, R, ,

Mailing Address 2591 White Owl Dr

City
Encinitas

State
CA

Zip Code
92024-6557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Diego Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2019

Transaction ID : C3986646

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

B. Scanga, Daniel, Raymond, , MD

Mailing Address 3031 Wickersham Rd

City
Charlotte

State
NC

Zip Code
28211-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt Univ Med Ctr-Vanderbi

Occupation (for Individual)
Nuclear Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2019

Transaction ID : C3986679

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

C. Scanlon, Mary, H, , MD, FACR

Mailing Address 532 College Ave

City
Haverford

State
PA

Zip Code
19041-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2019

Transaction ID : C3979987

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

741.00