

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 177

(check only one)

<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. Morris, Ellen, B, ,

Mailing Address 10 Eagle Dr

City
CantonState
MAZip Code
02021-1573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Shore HospitalOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2019

Transaction ID : C3942101

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

B. Morris, Ellen, B, ,

Mailing Address 10 Eagle Dr

City
CantonState
MAZip Code
02021-1573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Shore HospitalOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2019

Transaction ID : C3942410

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

c. Murphy, Raymond, , ,

Mailing Address 13234 E. Paradise Dr

City
ScottsdaleState
AZZip Code
85259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale ImagingOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2019

Transaction ID : C3942297

Amount of Each Receipt this Period

75.00

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

150.00

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