

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 46  
(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 (Last, First, Middle Initial)

**A. Lawrence Kirkland Conrad**

Mailing Address Austin Radiological Assoc

10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Radiological Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2016

**Transaction ID : C3257654**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gina Constantine MD**

Mailing Address 12554 Riata Vista Circle

City

Austin

State

TX

Zip Code

78727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Radiological Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2016

**Transaction ID : C3257655**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Norman L Crocker**

Mailing Address 1387 S Hametown Rd

City

Copley

State

OH

Zip Code

44321-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Partners, Inc

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2016

**Transaction ID : C3242697**

Amount of Each Receipt this Period

250.00

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

2250.00

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