

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

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

FOR LINE NUMBER: PAGE 65 OF 377
(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. 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: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : C3998029

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Collazzo, Lisa, Ann, ,

Mailing Address 3 Pennsford Ln

City
Media

State
PA

Zip Code
19063-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : C4004732

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

c. Collins, Denise, DeBrule, , MD, FACR

Mailing Address 826 EDMONT RUN

City
BLOOMFIELD HILLS

State
MI

Zip Code
48304-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY FORD HEALTH SYSTEM

Occupation (for Individual)
RADIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2019

Transaction ID : C3989746

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

240.00