

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 377

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

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

A. Friedenberg, Jeffrey, S, ,

Mailing Address 17 Nottinghill Ct

City
Manalapan

State
NJ

Zip Code
07726-8685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Temple Univ Hospital

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 / 12 / 2019

Transaction ID : C3998775

Amount of Each Receipt this Period

480.00

☐ Memo Item

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

B. Friedland, Jeffrey, A, ,

Mailing Address 21 Garfield St

City
Denver

State
CO

Zip Code
80206-5514

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2019

Transaction ID : C4005195

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

C. Friedman, Richard, G, ,

Mailing Address 1076 B Creekwood Dr

City
Whitefish

State
MT

Zip Code
59937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Imaging, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2019

Transaction ID : C4005171

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

999.23