

# **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)

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☒ 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. Moriarity, Andrew, Kent, , MD**

Mailing Address 335 Bridge St NW, APT 2300  
Grand Rapids

City

Grand Rapids

State

MI

Zip Code

49504-8715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Advanced Radiology Services

Occupation (for Individual)

Radiologist

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2019

**Transaction ID : C3989765**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Morris, Ellen, B, , MD**

Mailing Address 10 Eagle Dr

City

Canton

State

MA

Zip Code

02021-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Shore Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : C3998856**

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

**C. Morris, Ellen, B, , MD**

Mailing Address 10 Eagle Dr

City

Canton

State

MA

Zip Code

02021-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Shore Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : C4004455**

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

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

175.00