

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

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

FOR LINE NUMBER: PAGE 259 OF 377

(check only one)

☒ 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. Patel, Rita, S, ,

Mailing Address 3 Ware Rd

City
Upper Saddle River

State
NJ

Zip Code
07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.22

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2019

Transaction ID : C4004910

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

B. Patel, Rita, S, ,

Mailing Address 3 Ware Rd

City
Upper Saddle River

State
NJ

Zip Code
07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.22

Date of Receipt

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

Transaction ID : C4004955

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

c. Patel, Saurabh, Kantilal, , MD

Mailing Address 639 Hardcastle Ct

City
San Ramon

State
CA

Zip Code
94583-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Medical Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2019

Transaction ID : C4004343

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

135.72