

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 173

<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

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. Theisen, Sean, Edward, ,

Mailing Address 1346 Whispering Maples Ct

City
Ann ArborState
MIZip Code
48108-2492FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HVROccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : C3762595

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Thomasson, Jeffrey, L, ,

Mailing Address 3 Brookside Ln

City
Saint LouisState
MOZip Code
63124-1814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West County Radiological GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2018

Transaction ID : C3767663

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Thomson, Norman, B, , III

Mailing Address 808 Mayo Ln

City
AugustaState
GAZip Code
30907-9292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AU Medical AssociatesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : C3754696

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1075.00

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