

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

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

FOR LINE NUMBER: PAGE 13 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

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

A. Epstein, David, , ,

Mailing Address 333 Las Olas Way

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Radiology Assoc of Hollywood

Occupation (for Individual)

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

Transaction ID : SA11AI.11746

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Findeiss, Laura, , ,

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Utah School of M

Occupation (for Individual)

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : SA11AI.11684

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Harker, Colleen, , Dr.,

Mailing Address 1588 Yale Ave.

City

Salt Lake City

State

UT

Zip Code

84105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LDS Hospital

Occupation (for Individual)

doctor

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : SA11AI.11648

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1335.00

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