

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

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

FOR LINE NUMBER: PAGE 20 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. Reynolds, James, , ,

Mailing Address 920 13th Ave, Apt 4

City  
Huntington

State  
WV

Zip Code  
25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology Inc.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2019

Transaction ID : SA11AI.11780

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Roesch, Jeffrey, , Dr.,

Mailing Address 1521 Britling Dr.

City  
Knoxville

State  
TN

Zip Code  
37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parkwest Medical Center

Occupation (for Individual)  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2019

Transaction ID : SA11AI.11741

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Saxon, Richard, , Dr.,

Mailing Address 4002 Vista Way

City  
Oceanside

State  
CA

Zip Code  
92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tri-City Medical Center

Occupation (for Individual)  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2019

Transaction ID : SA11AI.11588

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

800.00

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