

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Radiology Association PAC

ADDRESS (number and street) 1891 Preston White Drive Reston VA 20191

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00343459

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 01 2016 through 08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer Richard Taxin MD [Electronically Filed] Date 09 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		858900.63
(b) Cash on Hand at Beginning of Reporting Period.....	1109778.94	
(c) Total Receipts (from Line 19)	88970.56	910943.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1198749.50	1769844.56
7. Total Disbursements (from Line 31).....	79477.70	650572.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1119271.80	1119271.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: 08 / 01 / 2016 To: 08 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	77523.75	800144.75
(ii) Unitemized	6446.81	106049.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	83970.56	906193.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	83970.56	906193.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	4750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	88970.56	910943.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	88970.56	910943.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	391.10	9336.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	391.10	9336.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	492100.00
24. Independent Expenditures (use Schedule E)	35586.60	149136.24
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79477.70	650572.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79477.70	650572.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	83970.56	906193.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83970.56	906193.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	391.10	9336.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	391.10	9336.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. Essmaeel H Abdel-Dayem MD			Date of Receipt MM / DD / YYYY 08 / 02 / 2016 Transaction ID : C3383562
Mailing Address 25 Thatcher St Apt 5			Amount of Each Receipt this Period 100.00
City Brookline	State MA	Zip Code 02446-3532	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Ellen L Abeln			Date of Receipt MM / DD / YYYY 08 / 30 / 2016 Transaction ID : C3384389
Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108			Amount of Each Receipt this Period 500.00
City Minneapolis	State MN	Zip Code 55437-1191	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Suburban Radiologic Consultants, Ltd.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Arthur S Albert			Date of Receipt MM / DD / YYYY 08 / 04 / 2016 Transaction ID : C3383592
Mailing Address Hackensack Medical Center 30 Prospect Ave			Amount of Each Receipt this Period 17.86
City Hackensack	State NJ	Zip Code 07601-1980	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.48		

SUBTOTAL of Receipts This Page (optional).....▶	617.86
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Arthur S Albert
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Medical Center
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1980

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 18 / 2016**

Transaction ID : C3383721

Amount of Each Receipt this Period **17.86**

Memo Item

B. Arthur S Albert
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Medical Center
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1980

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 19 / 2016**

Transaction ID : C3383732

Amount of Each Receipt this Period **17.86**

Memo Item

C. Mark David Alson
Full Name (Last, First, Middle Initial)

Mailing Address 231 W Fir Ave

City Clovis State CA Zip Code 93611-0220

FEC ID number of contributing federal political committee. **C**

Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 27 / 2016**

Transaction ID : C3378219

Amount of Each Receipt this Period **75.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **110.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Rafael A Altieri

Mailing Address South Shore Radiological Associate
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Radiological Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
08 / 02 / 2016
Transaction ID : C3383563

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregg D Alzate

Mailing Address San Diego Diag Radiology Med Grp
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383819

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Wesley A Angel MD

Mailing Address Memphis Radiological PC
7695 Poplar Pike

City Germantown State TN Zip Code 38138-5947

FEC ID number of contributing federal political committee. **C**

Name of Employer Memphis Radiological PC Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt
08 / 05 / 2016
Transaction ID : C3365278

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Wesley A Angel MD

Mailing Address **Memphis Radiological PC**
7695 Poplar Pike

City **Germantown** State **TN** Zip Code **38138-5947**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Memphis Radiological PC** Occupation **Radiologist**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt
08 / 29 / 2016

Transaction ID : C3378278

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas A Applewhite

Mailing Address **11475 Olde Cabin Rd Ste 200**

City **Saint Louis** State **MO** Zip Code **63141-7129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **West County Radiological Group** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
08 / 31 / 2016

Transaction ID : C3383890

Amount of Each Receipt this Period
75.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dina Lucille Arceo

Mailing Address **1331 N Elm St Ste 200**

City **Greensboro** State **NC** Zip Code **27401-6304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Greensboro Radiology** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.93

Date of Receipt
08 / 05 / 2016

Transaction ID : C3383608

Amount of Each Receipt this Period
173.07

Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David A Asinger
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384390
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Marchello Joseph Barbarisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 City Ave Apt 13
 City Merion Station State PA Zip Code 19066-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of the Main Line Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 320.00

Date of Receipt 08 / 10 / 2016
Transaction ID : C3391181
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Joseph Michael Barry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lowell General Hosp
 295 Varnum Ave
 City Lowell State MA Zip Code 01854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) Aggregate Year-to-Date 310.02

Date of Receipt 08 / 14 / 2016
Transaction ID : C3371611
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	581.67
TOTAL This Period (last page this line number only).....	

**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)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Paul D Barry
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Assoc PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383609

Amount of Each Receipt this Period **173.07**

Memo Item

B. Brett H Bartz MD
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384440

Amount of Each Receipt this Period **15.00**

Memo Item

C. James S Bauman
Full Name (Last, First, Middle Initial)

Mailing Address 57 September Lane

City Weston State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Consultants Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384379

Amount of Each Receipt this Period **220.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 12 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Howard Marshall Bear
Full Name (Last, First, Middle Initial)

Mailing Address SDRS
10150 Sorrento Valley Rd Ste 321

City San Diego State CA Zip Code 92121-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1010.00

Date of Receipt
08 / 07 / 2016
Transaction ID : C3365395

Amount of Each Receipt this Period
50.00

Memo Item

B. Howard Marshall Bear
Full Name (Last, First, Middle Initial)

Mailing Address SDRS
10150 Sorrento Valley Rd Ste 321

City San Diego State CA Zip Code 92121-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1010.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383820

Amount of Each Receipt this Period
600.00

Memo Item

C. Mark Henry Bechtel
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Wisconsin Hosp & Clinic Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384391

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

**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)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Kenneth G Berkenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address Lancaster Radiology Associates
 PO Box 3555
 City Lancaster State PA Zip Code 17604-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2016
Transaction ID : C3387303
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Timothy Andrew Bernauer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 117
 City Appleton State WI Zip Code 54912-0117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1980.00

Date of Receipt 08 / 18 / 2016
Transaction ID : C3374483
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Steven Mark Bernstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Park Center Dr Ste 260
 City Orlando State FL Zip Code 32835-7608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norwalk Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384380
 Amount of Each Receipt this Period 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	514.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James S Bezreh
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
08 / 02 / 2016
Transaction ID : C3383564

Amount of Each Receipt this Period
100.00

Memo Item

B. Bruce J Biederman
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City Oceanside State CA Zip Code 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Touro Infirmary Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383821

Amount of Each Receipt this Period
600.00

Memo Item

C. Aaron Joseph Binstock
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384392

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 15 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Adam Russell Bogomol
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group PA
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 04 / 2016
Transaction ID : C3383591

Amount of Each Receipt this Period
17.86

Memo Item

B. Adam Russell Bogomol
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group PA
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383717

Amount of Each Receipt this Period
17.86

Memo Item

C. Adam Russell Bogomol
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group PA
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383733

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Mark Alan Boles

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.93

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383611

Amount of Each Receipt this Period
173.07

Memo Item

Full Name (Last, First, Middle Initial)
B. Scott Michael Boles

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383822

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Bruce L Bower

Mailing Address San Diego Diag Radiology Med Grp
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383823

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1373.07
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Daniel Patrick Boyle

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27401-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383612

Amount of Each Receipt this Period
173.07

Memo Item

Full Name (Last, First, Middle Initial)
B. Jeffrey Rex Brace

Mailing Address 4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Minnesota School of Medi Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384393

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Eric L Bressler

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384394

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1173.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 18 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. James A Brink

Mailing Address 175 Cambridge St 2nd Floor

City	State	Zip Code
Boston	MA	02114-2743

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Massachusetts General Hospital	Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	6

Transaction ID : C3370296

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Andrew Brooks

Mailing Address PO Box 3555

City	State	Zip Code
Lancaster	PA	17604-3555

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Lancaster Radiology Associates	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	6

Transaction ID : C3387304

Amount of Each Receipt this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Michael S Burke MD

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City	State	Zip Code
Oceanside	CA	92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-employed	Interventional Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	6

Transaction ID : C3383824

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1635.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Justin John Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address South Shore Hospital
 55 Fogg Rd
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : C3383565
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Patrick H Carey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8745 Aero Dr Ste 200
 City San Diego State CA Zip Code 92123-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383825
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Mark Aaron Chambers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address West County Radiology Grp
 1005 Des Peres Woods Ct
 City Des Peres State MO Zip Code 63131-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West County Radiological Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : C3383891
 Amount of Each Receipt this Period **75.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **775.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 20 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Shelley K Charoff
 Full Name (Last, First, Middle Initial)
 Mailing Address South Shore Hospital
 55 Fogg Rd
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : C3383566
 Amount of Each Receipt this Period **75.00**
 Memo Item

B. Norman C Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8745 Aero Dr Ste 200
 City San Diego State CA Zip Code 92123-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383826
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Raja Sekhar Cheruvu
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Skyline Dr
 City Latham State NY Zip Code 12110-5221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsong Radiology Group Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **687.48**

Date of Receipt **08 / 03 / 2016**
Transaction ID : C3364272
 Amount of Each Receipt this Period **62.50**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	737.50
TOTAL This Period (last page this line number only).....	

**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)	PAGE 21 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Raja Sekhar Cheruvu
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Skyline Dr
 City Latham State NY Zip Code 12110-5221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsong Radiology Group Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.48

Date of Receipt 08 / 26 / 2016
Transaction ID : C3383873
 Amount of Each Receipt this Period 62.52
 Memo Item

B. Jing-Tzyh Alan Chiang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10700 E Geddes Ave Ste 200
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384442
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nathaniel Ai-Hsi Chuang
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Imaging Med Group
 8745 Aero Dr Ste 200
 City San Diego State CA Zip Code 92123-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383827
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	687.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David C Clark JR
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.93

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383613

Amount of Each Receipt this Period
173.07

Memo Item

B. Bradley James Close
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384395

Amount of Each Receipt this Period
500.00

Memo Item

C. John William Colford MD
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384396

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1173.07
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 23 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Pedro Collazo-Ornes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9024255

City San Juan State PR Zip Code 00902-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer SP RADIOLOGY, PSC Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 18 / 2016**

Transaction ID : C3372980

Amount of Each Receipt this Period **100.00**

Memo Item

B. Peter C Conklin
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384397

Amount of Each Receipt this Period **500.00**

Memo Item

C. Sue A Crook
Full Name (Last, First, Middle Initial)

Mailing Address 4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384398

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Timothy Andrew Crummy

Mailing Address 2509 Middleton Beach Rd

City Madison State WI Zip Code 53562-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists Occupation Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **593.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : C3365279

Amount of Each Receipt this Period
30.42

Memo Item

Full Name (Last, First, Middle Initial)
B. John T Curnes

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27401

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : C3383614

Amount of Each Receipt this Period
173.07

Memo Item

Full Name (Last, First, Middle Initial)
C. Shaoe Cutts MD

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : C3383828

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	803.49
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Thomas Louis D'Alessio
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.93

Date of Receipt
08 / 05 / 2016
Transaction ID : **C3383615**

Amount of Each Receipt this Period
173.07

Memo Item

B. Keith C Dangleis
Full Name (Last, First, Middle Initial)

Mailing Address RIA
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 15 / 2016
Transaction ID : **C3383652**

Amount of Each Receipt this Period
19.23

Memo Item

c. Keith C Dangleis
Full Name (Last, First, Middle Initial)

Mailing Address RIA
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 30 / 2016
Transaction ID : **C3384443**

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.53
TOTAL This Period (last page this line number only).....	

**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)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Drew E Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1331 N Elm St Ste 200
 City Greensboro State NC Zip Code 27401-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology PA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 05 / 2016**
Transaction ID : C3383616
 Amount of Each Receipt this Period **173.07**
 Memo Item

B. Brian Francis DeCesare MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384399
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. John S DeMeritt
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **321.48**

Date of Receipt **08 / 04 / 2016**
Transaction ID : C3383593
 Amount of Each Receipt this Period **17.86**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	690.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. John S DeMeritt

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383722

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. John S DeMeritt

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383735

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. John Joseph Dente

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383829

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	635.72
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 28 OF 119
	<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	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David Dinan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Nemours Children's Hosp
 13535 Nemours Pkwy
 City Orlando State FL Zip Code 32827-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nemours Children's Hospital Occupation Pediatric Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 19 / 2016**
Transaction ID : C3375770
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Malcolm S Dobrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 5693 E Southmoor Cir
 City Englewood State CO Zip Code 80111-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 15 / 2016**
Transaction ID : C3383653
 Amount of Each Receipt this Period **19.23**
 Memo Item

C. Malcolm S Dobrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 5693 E Southmoor Cir
 City Englewood State CO Zip Code 80111-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384445
 Amount of Each Receipt this Period **19.23**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.46
TOTAL This Period (last page this line number only).....	

**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)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Christopher Edward Dory

Mailing Address **Childrens Hospitals**
3020 Childrens Way

City **San Diego** State **CA** Zip Code **92123-4282**

FEC ID number of contributing federal political committee. **C**

Name of Employer **San Diego Imaging Medical Group** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383830

Amount of Each Receipt this Period **600.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Kevin Glenn Dover

Mailing Address **Greensboro Radiology PA**
1331 N Elm St Ste 200

City **Greensboro** State **NC** Zip Code **27401-6304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Greensboro Radiology PA** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.56**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383617

Amount of Each Receipt this Period **210.56**

Memo Item

Full Name (Last, First, Middle Initial)
C. David H Dungan

Mailing Address **10700 E Geddes Ave Ste 200**

City **Englewood** State **CO** Zip Code **80112-3861**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Radiology Imaginig Associates** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 15 / 2016**

Transaction ID : C3383654

Amount of Each Receipt this Period **19.23**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	829.79
TOTAL This Period (last page this line number only).....	

**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)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David H Dungan
Full Name (Last, First, Middle Initial)

Mailing Address 10700 E Geddes Ave Ste 200

City Englewood	State CO	Zip Code 80112-3861
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaginig Associates	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2016

Transaction ID : C3384446

Amount of Each Receipt this Period

8	.	2	3	4	5	6	7	8	9
									19.23

 Memo Item

B. Nathan Durick MD
Full Name (Last, First, Middle Initial)

Mailing Address Advanced Radiology
615 Valley View Dr Ste 101

City Moline	State IL	Zip Code 61265
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer advanced radiology, s.c.	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	09	/	2016

Transaction ID : C3367311

Amount of Each Receipt this Period

8	.	2	5	0	0	0	0	0	0
									250.00

 Memo Item

C. Jerry R Dwek
Full Name (Last, First, Middle Initial)

Mailing Address 8745 Aero Dr Ste 200

City San Diego	State CA	Zip Code 92123-1774
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group	Occupation Radiologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2016

Transaction ID : C3383831

Amount of Each Receipt this Period

6	.	0	0	0	0	0	0	0	0
									600.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	869.23
TOTAL This Period (last page this line number only).....	

**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)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John Stewart Edmunds MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27401-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Nuclear Medicine Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383618
 Amount of Each Receipt this Period 173.07
 Memo Item

B. Ahmed Bassem Elaini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 54
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 02 / 2016
Transaction ID : C3383567
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Paul H Ellenbogen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Wolf St Unit 14B
 City Dallas State TX Zip Code 75201-7055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Imaging & Interven specialis Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 16 / 2016
Transaction ID : C3372060
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	356.41
TOTAL This Period (last page this line number only).....	

**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)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. William Scott Enochs
Full Name (Last, First, Middle Initial)

Mailing Address Rad Asso of the Main Line/Bryn Maw
130 S Bryn Mawr Ave

City State Zip Code
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thomas Jefferson University Ho Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 10 / 2016
Transaction ID : C3391186

Amount of Each Receipt this Period
100.00

Memo Item

B. Daniel W Entrikin
Full Name (Last, First, Middle Initial)

Mailing Address Wake Forest Univ Sch Of Med
Medical Center Blvd

City State Zip Code
Winston Salem NC 27157-1088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wake Forest Baptist Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383619

Amount of Each Receipt this Period
173.07

Memo Item

C. Steven L Epner
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City State Zip Code
Oceanside CA 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Paradise Valley Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383832

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	873.07
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 33 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Darryl K Evora
Full Name (Last, First, Middle Initial)

Mailing Address 8745 Aero Dr Ste 200

City San Diego State CA Zip Code 92123-1774

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383833

Amount of Each Receipt this Period **600.00**

Memo Item

B. Stephen Louis Ferrara
Full Name (Last, First, Middle Initial)

Mailing Address 8901 Rockville Pike

City Gaithersburg State MD Zip Code 20884

FEC ID number of contributing federal political committee. **C**

Name of Employer US Navy Occupation Interventional Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3365280

Amount of Each Receipt this Period **50.00**

Memo Item

C. George Joseph Ferrone
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 04 / 2016**

Transaction ID : C3383585

Amount of Each Receipt this Period **17.86**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	667.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. George Joseph Ferrone

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383711

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. George Joseph Ferrone

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383736

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. Matthew J Fleishman

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 15 / 2016
Transaction ID : C3383656

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Matthew J Fleishman

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384448

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name (Last, First, Middle Initial)
B. Kathleen M Flores-Dahms

Mailing Address PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Univeristy of California SF Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383834

Amount of Each Receipt this Period **600.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Jonathan Flug MD, MBA

Mailing Address 1490 Delgany St Apt 1027

City Denver State CO Zip Code 80202-6616

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **08 / 23 / 2016**

Transaction ID : C3377115

Amount of Each Receipt this Period **85.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	704.23
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 36 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Robert P Flynn
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383835

Amount of Each Receipt this Period **600.00**

Memo Item

B. Mary C Foshager
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384400

Amount of Each Receipt this Period **300.00**

Memo Item

C. Thomas Roger Frerichs
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384401

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Eric Brian Friedberg
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Tavistock Ct

City Johns Creek State GA Zip Code 30022-8079

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 01 / 2016**

Transaction ID : C3362764

Amount of Each Receipt this Period **100.00**

Memo Item

B. Jeffrey A Friedland
Full Name (Last, First, Middle Initial)

Mailing Address 3333 S Bannock St Ste 740

City Englewood State CO Zip Code 80110-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 15 / 2016**

Transaction ID : C3383657

Amount of Each Receipt this Period **19.23**

Memo Item

C. Jeffrey A Friedland
Full Name (Last, First, Middle Initial)

Mailing Address 3333 S Bannock St Ste 740

City Englewood State CO Zip Code 80110-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384449

Amount of Each Receipt this Period **19.23**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.46
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 38 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Heather Israel Frimmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Park Center Dr Ste 260
 City Orlando State FL Zip Code 32835-7608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Hosp-Cornell Med Center Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384381
 Amount of Each Receipt this Period 220.00
 Memo Item

B. Gregory M Galdino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Clare Park Dr
 City Franklin State TN Zip Code 37069-5110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Radiology Associates Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 02 / 2016
Transaction ID : C3364085
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Peter Mark Gallerani
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27401-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383620
 Amount of Each Receipt this Period 173.07
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	443.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 39 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Bassem Adeeb Georgy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5458 Coach Ln
 City San Diego State CA Zip Code 92130-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSD Medical Center Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383836
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Brian Wayne Goelitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Imaging Medical Group
 3402 Piazza De Oro Way Ste 300
 City Oceanside State CA Zip Code 92056-3787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383837
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Justin Mathias Gooding
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Imaging Medical Group
 3402 Piazza De Oro Way Ste 300
 City Oceanside State CA Zip Code 92056-3787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North County Radiology Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383838
 Amount of Each Receipt this Period **600.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 40 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Eric Todd Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 8933 Activity Rd

City San Diego State CA Zip Code 92126-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Sharp Rees-Stealy Medical Group Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 21 / 2016**

Transaction ID : C3376753

Amount of Each Receipt this Period **100.00**

Memo Item

B. Robert L Gore
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383568

Amount of Each Receipt this Period **100.00**

Memo Item

C. William J Grande MD
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384450

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 41 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Edward Douglas Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Windsong Cv
 City State Zip Code
 Ridgeland MS 39157-8736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Mississippi Medical Cent Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2016
Transaction ID : C3365345
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. James Judd Green JR
 Full Name (Last, First, Middle Initial)
 Mailing Address High Point Radiological Services
 PO Box 5007
 City State Zip Code
 High Point NC 27262-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 High Point Radiological Services Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 326.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : C3383621
 Amount of Each Receipt this Period
 173.07
 Memo Item

C. Jonathan Marc Gurney
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Diagnostic Rad
 PO Box 23540
 City State Zip Code
 San Diego CA 92193-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Diego Imaging Medical Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : C3383839
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	858.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 42 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Kevin David Gustafson
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Conslts Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384402
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. David K Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 S Maryland Pkwy
 City Las Vegas State NV Zip Code 89109-2257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SDMI Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **425.00**

Date of Receipt **08 / 28 / 2016**
Transaction ID : C3378238
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Labib Fouad Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 11475 Olde Cabin Rd Ste 200
 City Saint Louis State MO Zip Code 63141-7129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West County Radiological Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : C3383892
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	635.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Joel David Halcomb

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384403

Amount of Each Receipt this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Harold Lee Hall MD

Mailing Address Cb 7510 2006 Old Clinic Bldg

City Chapel Hill State NC Zip Code 27599-7510

FEC ID number of contributing federal political committee. **C**

Name of Employer UNC - Chapel Hill Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383622

Amount of Each Receipt this Period 173.07

Memo Item

Full Name (Last, First, Middle Initial)
C. Gene Han MD

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 321.48

Date of Receipt 08 / 04 / 2016
Transaction ID : C3383594

Amount of Each Receipt this Period 17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	690.93
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 44 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Gene Han MD

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 18 / 2016**

Transaction ID : C3383723

Amount of Each Receipt this Period **17.86**

Memo Item

Full Name (Last, First, Middle Initial)
B. Gene Han MD

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 19 / 2016**

Transaction ID : C3383737

Amount of Each Receipt this Period **17.86**

Memo Item

Full Name (Last, First, Middle Initial)
C. Dayne Daniel Hassell III

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383623

Amount of Each Receipt this Period **173.07**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.79
TOTAL This Period (last page this line number only).....	

**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)	PAGE 45 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. C Matthew Hawkins MD
Full Name (Last, First, Middle Initial)

Mailing Address 1405 Clifton Rd NE

City Atlanta State GA Zip Code 30322-1060

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University Occupation Pediatric Interventional Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3377951

Amount of Each Receipt this Period 250.00

Memo Item

B. Michael D Heaney
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384404

Amount of Each Receipt this Period 500.00

Memo Item

C. Steven Gregory Heiss
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Imaging Assocs, PC
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2016
Transaction ID : C3383658

Amount of Each Receipt this Period 19.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 769.23

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

**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)	PAGE 46 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Steven Gregory Heiss

Mailing Address Radiology Imaging Assocs, PC
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384451

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name (Last, First, Middle Initial)
B. Robert D Heninger MD

Mailing Address Trinity Hospital
1 Burdick Expressway W

City Minot State ND Zip Code 58701-4406

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3377952

Amount of Each Receipt this Period **125.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Adam Ryan Henn

Mailing Address 1331 N Elm St Ste 200

City Greensboro State NC Zip Code 27401-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383624

Amount of Each Receipt this Period **173.07**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	317.30
TOTAL This Period (last page this line number only).....	

**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)	PAGE 47 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Lee Eric Hoagland MD

Mailing Address 350 W Columbia St Ste 420

City State Zip Code
Evansville IN 47710-1782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Evansville Radiology, PC Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
08 / 06 / 2016

Transaction ID : C3365327

Amount of Each Receipt this Period
85.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Raymond Joonki Hong MD

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City State Zip Code
Oceanside CA 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
North Shore Univ Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
08 / 25 / 2016

Transaction ID : C3383840

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Orlin Woodie Hopper

Mailing Address 10700 E Geddes Suite 200
Mail Stop SKDL

City State Zip Code
Englewood CO 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vanderbilt Univ Med Ctr-Vanderbi Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
08 / 30 / 2016

Transaction ID : C3384452

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 48 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Lanning W Houston
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384405
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jeffrey T Hu
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27401-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.91

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383625
 Amount of Each Receipt this Period 173.07
 Memo Item

C. Paul Fai Hunt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Surburban Rad Consultants 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384406
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1173.07**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 49 OF 119
(check only one)
 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 (Last, First, Middle Initial)
A. Elizabeth Ann Ignacio

Mailing Address 71 Kamaiki Cir

City State Zip Code
 Kahului HI 96732-3153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 George Washington U Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2016

Transaction ID : C3371655

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Adam Bredahl Jeffers MD

Mailing Address 2208 Oliver Ave S

City State Zip Code
 Minneapolis MN 55405-2441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Suburban Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016

Transaction ID : C3384407

Amount of Each Receipt this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Peter Anthony Johnstone

Mailing Address 12902 Usf Magnolia Dr

City State Zip Code
 Tampa FL 33612-9416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Moffitt Cancer Center Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2016

Transaction ID : C3376776

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

**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)	PAGE 50 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David Alan Jordan
Full Name (Last, First, Middle Initial)

Mailing Address Alamance Regional Med Ctr
1240 Huffman Mill Rd

City Burlington State NC Zip Code 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383626

Amount of Each Receipt this Period
173.07

Memo Item

B. David K Jose
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384408

Amount of Each Receipt this Period
500.00

Memo Item

C. Patrick J Juenemann
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiology
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384409

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1173.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial) A. William M Kakimoto MD		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Mailing Address San Diego Imaging Medical Group 3402 Piazza De Oro Way Ste 300		Transaction ID : C3383841
City Oceanside	State CA	Zip Code 92056-3787
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	
		Amount of Each Receipt this Period 600.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Russell A Kelley		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2016
Mailing Address South Shore Hospital 55 Fogg Rd		Transaction ID : C3383569
City South Weymouth	State MA	Zip Code 02190-2432
FEC ID number of contributing federal political committee.	C	
Name of Employer South Shore Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
		Amount of Each Receipt this Period 100.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Jason Lincoln Kelly		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2016
Mailing Address 2603 S Clayton St		Transaction ID : C3384453
City Denver	State CO	Zip Code 80210-6208
FEC ID number of contributing federal political committee.	C	
Name of Employer Mass General Hosp	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
		Amount of Each Receipt this Period 25.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 52 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Paritosh C Khanna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8745 Aero Dr Ste 200
 City San Diego State CA Zip Code 92123-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383842
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Todd Michael Kihne
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384410
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. William Jay Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **321.48**

Date of Receipt **08 / 04 / 2016**
Transaction ID : C3383595
 Amount of Each Receipt this Period **17.86**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1117.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial) A. William Jay Kim MD		Date of Receipt MM / DD / YYYY 08 / 18 / 2016
Mailing Address Hackensack Radiology Group 130 Kinderkamack Rd Ste 200		Transaction ID : C3383718
City River Edge	State NJ	Zip Code 07661-1931
FEC ID number of contributing federal political committee.	C	
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period 17.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.48	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. William Jay Kim MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2016
Mailing Address Hackensack Radiology Group 130 Kinderkamack Rd Ste 200		Transaction ID : C3383738
City River Edge	State NJ	Zip Code 07661-1931
FEC ID number of contributing federal political committee.	C	
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period 17.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.48	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Amy Briana Kirby MD		Date of Receipt MM / DD / YYYY 08 / 02 / 2016
Mailing Address 1900 N 14th St		Transaction ID : C3364086
City Ponca City	State OK	Zip Code 74601-2035
FEC ID number of contributing federal political committee.	C	
Name of Employer Eagle Eye Imaging	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period 85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.72
TOTAL This Period (last page this line number only).....	

**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)	PAGE 54 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James A Kirkham
Full Name (Last, First, Middle Initial)

Mailing Address 4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016

Transaction ID : C3384411

Amount of Each Receipt this Period
 500.00

Memo Item

B. David Seth Klein
Full Name (Last, First, Middle Initial)

Mailing Address 148 East Ave

City Norwalk State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016

Transaction ID : C3384382

Amount of Each Receipt this Period
 220.00

Memo Item

C. Kenneth P Korte
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016

Transaction ID : C3384412

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Keith E Kortman

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383843

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jeffrey Paul Kramer

Mailing Address Lancaster Radiology Associates
PO Box 3555

City Lancaster State PA Zip Code 17604-3555

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 04 / 2016
Transaction ID : C3387310

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Bradley H Kranendonk

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384413

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

**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)	PAGE 56 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Sriyesh Krishnan MD
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383627

Amount of Each Receipt this Period
214.29

Memo Item

B. Peter Gerard Kruk MD
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory Univ Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383844

Amount of Each Receipt this Period
600.00

Memo Item

C. Alan Laorr, MD
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384414

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1314.29
TOTAL This Period (last page this line number only).....	

**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)	PAGE 57 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Lorraine Ling LaRoy

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384415

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas E Lawrence

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383628

Amount of Each Receipt this Period 173.07

Memo Item

Full Name (Last, First, Middle Initial)
C. Kevin Richard Leach

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384416

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 923.07

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

**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)	PAGE 58 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Andrew D Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384417

Amount of Each Receipt this Period 500.00

Memo Item

B. Ronald P Lee
Full Name (Last, First, Middle Initial)

Mailing Address Norwalk Hospital
34 Maple St

City Norwalk State CT Zip Code 06850-3894

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384383

Amount of Each Receipt this Period 220.00

Memo Item

C. Paul Albert Leslie
Full Name (Last, First, Middle Initial)

Mailing Address 260 Eshelman Rd

City Lancaster State PA Zip Code 17601-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 04 / 2016
Transaction ID : C3387311

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 59 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Alan Levine
Full Name (Last, First, Middle Initial)

Mailing Address 5 Deepwood Lane

City Westport State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Consultants Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384384

Amount of Each Receipt this Period 220.00

Memo Item

B. Walter Dickinson Liebkemann
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27401-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383629

Amount of Each Receipt this Period 173.07

Memo Item

C. Steven C Link
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384418

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	893.07
TOTAL This Period (last page this line number only).....	

**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)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Franklin C Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4842 Queen Ave S
 City State Zip Code
 Minneapolis MN 55410-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Suburban Radiology Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : C3384419
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Daniel J Loes
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City State Zip Code
 Minneapolis MN 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Suburban Radiologic Consultants Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : C3384420
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Russell N Low
 Full Name (Last, First, Middle Initial)
 Mailing Address Sharp Memorial Hospital
 7901 Frost St
 City State Zip Code
 San Diego CA 92123-2786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Diego Imaging Medical Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 08 / 25 / 2016
Transaction ID : C3383845
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 61 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. James Luethke

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 15 / 2016
Transaction ID : C3383659

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
B. James Luethke

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384455

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
C. Jennifer Lyn Lynch

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
08 / 02 / 2016
Transaction ID : C3383570

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.46
TOTAL This Period (last page this line number only).....	

**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)	PAGE 62 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James W Lyon
Full Name (Last, First, Middle Initial)

Mailing Address Sharp Memorial Hosp
7901 Frost St

City San Diego State CA Zip Code 92123-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383846

Amount of Each Receipt this Period **600.00**

Memo Item

B. Lee Allen Madeline
Full Name (Last, First, Middle Initial)

Mailing Address 111 Siena Dr

City Greenville State SC Zip Code 29609-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Health System Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 14 / 2016**

Transaction ID : C3371616

Amount of Each Receipt this Period **250.00**

Memo Item

C. John L Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383571

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Hiten Maganlal Malde
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : C3383581
 Amount of Each Receipt this Period
 17.86
 Memo Item

B. Hiten Maganlal Malde
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016
Transaction ID : C3383706
 Amount of Each Receipt this Period
 17.86
 Memo Item

C. Hiten Maganlal Malde
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : C3383739
 Amount of Each Receipt this Period
 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 64 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Eric S Malden
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Imaging Assoc
3800 S Wadsworth Blvd Ste 250

City Lakewood State CO Zip Code 80112-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 15 / 2016
Transaction ID : C3383660

Amount of Each Receipt this Period 19.23

Memo Item

B. Eric S Malden
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Imaging Assoc
3800 S Wadsworth Blvd Ste 250

City Lakewood State CO Zip Code 80112-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384456

Amount of Each Receipt this Period 19.23

Memo Item

C. Eric Arthur Mansell
Full Name (Last, First, Middle Initial)

Mailing Address 1331 N Elm St Ste 200

City Greensboro State NC Zip Code 27401-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383630

Amount of Each Receipt this Period 173.07

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.53

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

**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)	PAGE 65 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Christopher Wayne Mattern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : C3383631
 Amount of Each Receipt this Period
 173.07
 Memo Item

B. James H Maxwell
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : C3383632
 Amount of Each Receipt this Period
 173.07
 Memo Item

C. Jennifer P Mayberry
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 23540
 City San Diego State CA Zip Code 92193-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : C3383847
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	946.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 OF 119 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial) A. Heath K McCullough		Date of Receipt 08 / 05 / 2016 Transaction ID : C3383633
Mailing Address Greensboro Radiology PA 1331 N Elm St Ste 200		Amount of Each Receipt this Period 173.07
City Greensboro	State NC	Zip Code 27401-6304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Greensboro Radiology	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.93	

Full Name (Last, First, Middle Initial) B. Geraldine B McGinty		Date of Receipt 08 / 05 / 2016 Transaction ID : C3365281
Mailing Address 6 Ohio Dr Ste 204		Amount of Each Receipt this Period 100.00
City New Hyde Park	State NY	Zip Code 11042-1129
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Weill Cornell Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) c. Meghan Roseann McKeon MD		Date of Receipt 08 / 30 / 2016 Transaction ID : C3384421
Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108		Amount of Each Receipt this Period 500.00
City Minneapolis	State MN	Zip Code 55437-1111
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Suburban Radiologic Consultants, Ltd.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	773.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. J Mark McKinney
Full Name (Last, First, Middle Initial)

Mailing Address Mayo Clinic
4500 San Pablo Rd

City Jacksonville State FL Zip Code 32224

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **08 / 03 / 2016**

Transaction ID : C3364273

Amount of Each Receipt this Period **40.00**

Memo Item

B. Robert Carolin McKinstry III
Full Name (Last, First, Middle Initial)

Mailing Address Mallinckrodt Inst of Radiology
510 S Kingshighway Blvd

City Saint Louis State MO Zip Code 63110-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington University Occupation Neuro Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 21 / 2016**

Transaction ID : C3376754

Amount of Each Receipt this Period **50.00**

Memo Item

C. Patricia J Mergo
Full Name (Last, First, Middle Initial)

Mailing Address Mayo Clinic
4500 San Pablo Rd

City Jacksonville State FL Zip Code 32224-1865

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 12 / 2016**

Transaction ID : C3391163

Amount of Each Receipt this Period **85.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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

**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)	PAGE 68 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jeffrey S Miller
Full Name (Last, First, Middle Initial)
Mailing Address 3909 Waring Rd Ste C
City Oceanside State CA Zip Code 92056-4455
FEC ID number of contributing federal political committee. **C**
Name of Employer Naval Hospital San Diego Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383848
Amount of Each Receipt this Period **600.00**
 Memo Item

B. Mitchell Alan Miller
Full Name (Last, First, Middle Initial)
Mailing Address Hackensack Radiology Grp 130 Kinderkamack Rd
City River Edge State NJ Zip Code 07661-1951
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **571.48**

Date of Receipt **08 / 04 / 2016**
Transaction ID : C3383586
Amount of Each Receipt this Period **17.86**
 Memo Item

C. Mitchell Alan Miller
Full Name (Last, First, Middle Initial)
Mailing Address Hackensack Radiology Grp 130 Kinderkamack Rd
City River Edge State NJ Zip Code 07661-1951
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **571.48**

Date of Receipt **08 / 18 / 2016**
Transaction ID : C3383710
Amount of Each Receipt this Period **17.86**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	635.72
TOTAL This Period (last page this line number only).....	

**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)	PAGE 69 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Mitchell Alan Miller

Mailing Address Hackensack Radiology Grp
130 Kinderkamack Rd

City River Edge State NJ Zip Code 07661-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383740

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. Slobodan Miseljic

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
08 / 02 / 2016
Transaction ID : C3383572

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Suzanne C Moffit

Mailing Address 4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384422

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	617.86
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 70 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David John Monoky MD
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.34**

Date of Receipt **08 / 04 / 2016**

Transaction ID : C3383597

Amount of Each Receipt this Period **17.86**

Memo Item

B. David John Monoky MD
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.34**

Date of Receipt **08 / 18 / 2016**

Transaction ID : C3383724

Amount of Each Receipt this Period **17.86**

Memo Item

C. David John Monoky MD
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.34**

Date of Receipt **08 / 19 / 2016**

Transaction ID : C3383734

Amount of Each Receipt this Period **17.86**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 71 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Ellen B Morris

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383573

Amount of Each Receipt this Period **75.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Demetrius Konstantine Morros

Mailing Address 7418 Ridgcrest Court Rd

City Birmingham State AL Zip Code 35242-0525

FEC ID number of contributing federal political committee. **C**

Name of Employer Birmingham Radiological Group, P.C. Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **08 / 09 / 2016**

Transaction ID : C3367335

Amount of Each Receipt this Period **83.34**

Memo Item

Full Name (Last, First, Middle Initial)
C. John P Mulloy

Mailing Address 5394 Stone Canyon Dr

City Frisco State TX Zip Code 75034-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer John P. Mulloy, MD, PA Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 06 / 2016**

Transaction ID : C3365365

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	658.34
TOTAL This Period (last page this line number only).....	

**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)	PAGE 72 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John H Naheedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5466 Soledad Rd
 City LA Jolla State CA Zip Code 92037-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383849
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Mohit Madan Naik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.34

Date of Receipt 08 / 04 / 2016
Transaction ID : C3383598
 Amount of Each Receipt this Period 17.86
 Memo Item

c. Mohit Madan Naik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.34

Date of Receipt 08 / 18 / 2016
Transaction ID : C3383725
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	635.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Mohit Madan Naik MD
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.34**

Date of Receipt
08 / 19 / 2016

Transaction ID : C3383741

Amount of Each Receipt this Period
17.86

Memo Item

B. Tan Nguyen MD
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City Oceanside State CA Zip Code 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
08 / 25 / 2016

Transaction ID : C3383850

Amount of Each Receipt this Period
600.00

Memo Item

C. Clinton Rein Nichols
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
08 / 25 / 2016

Transaction ID : C3383851

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1217.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Brandi Tamara Nicholson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 800170
 City State Zip Code
 Charlottesville VA 22908-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Virginia Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016
Transaction ID : C3367313
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. Gregory Neal Nicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Kinderkamack Rd Ste 200
 City State Zip Code
 River Edge NJ 07661-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 321.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : C3383599
 Amount of Each Receipt this Period
 17.86
 Memo Item

C. Gregory Neal Nicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Kinderkamack Rd Ste 200
 City State Zip Code
 River Edge NJ 07661-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 321.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016
Transaction ID : C3383726
 Amount of Each Receipt this Period
 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.72
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 75 OF 119
	<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	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Gregory Neal Nicola

Mailing Address 130 Kinderkamack Rd Ste 200

City State Zip Code
River Edge NJ 07661-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383742

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregory Karl Nicpon

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City State Zip Code
Oceanside CA 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stanford University Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383852

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Scott Stanley Nielsen

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City State Zip Code
Minneapolis MN 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Suburban Radiologic Consultants, Ltd. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384423

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1117.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Michael J Noud MD

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City Oceanside State CA Zip Code 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383853

Amount of Each Receipt this Period **600.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Brendan M O'Shea

Mailing Address 309 W Johnson St Apt 423

City Madison State WI Zip Code 53703-3490

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Health Systems Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **206.00**

Date of Receipt **08 / 13 / 2016**

Transaction ID : C3371575

Amount of Each Receipt this Period **10.00**

Memo Item

Full Name (Last, First, Middle Initial)
c. Walter Lauritz Olsen

Mailing Address San Diego Imaging
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383854

Amount of Each Receipt this Period **600.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1210.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 77 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Steven R Olson
Full Name (Last, First, Middle Initial)

Mailing Address 1331 N Elm St Ste 200

City Greensboro State NC Zip Code 27401-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : C3383634

Amount of Each Receipt this Period
 173.07

Memo Item

B. David E Ormond
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27401-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : C3383635

Amount of Each Receipt this Period
 173.07

Memo Item

C. Andrew W Osiason
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016

Transaction ID : C3383600

Amount of Each Receipt this Period
 17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	364.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 119
(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Andrew W Osiason

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 18 / 2016**

Transaction ID : C3383727

Amount of Each Receipt this Period **17.86**

Memo Item

Full Name (Last, First, Middle Initial)
B. Andrew W Osiason

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 19 / 2016**

Transaction ID : C3383743

Amount of Each Receipt this Period **17.86**

Memo Item

Full Name (Last, First, Middle Initial)
c. Michael T Otte

Mailing Address 10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 27 / 2016**

Transaction ID : C3378220

Amount of Each Receipt this Period **30.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **65.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 OF 119 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Chris L Palaskas

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City State Zip Code
Minneapolis MN 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Suburban Radiologic Consultants Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384424

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Neeraj Jitendra Panchal MD, BS

Mailing Address San Diego Diagnostic Radiology
PO Box

City State Zip Code
San Diego CA 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Diego Imaging Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383855

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. David Panush

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City State Zip Code
River Edge NJ 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 04 / 2016
Transaction ID : C3383587

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1117.86
TOTAL This Period (last page this line number only).....	

**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)	PAGE 80 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. David Panush

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383715

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. David Panush

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383744

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. Jinha Mark Park MD

Mailing Address 5825 Lincoln Ave Ste D330

City Buena Park State CA Zip Code 90620-3474

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Hope Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 08 / 2016
Transaction ID : C3365750

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.72

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

**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)	PAGE 81 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Dhiren Y Patel MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3555

City Lancaster	State PA	Zip Code 17604-3555
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Radiology Associates, Ltd.	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	04	/	2016

Transaction ID : C3387312

Amount of Each Receipt this Period

50.00

 Memo Item

B. Kiran R Patel MD
Full Name (Last, First, Middle Initial)
Mailing Address 23 Shepard

City Irvine	State CA	Zip Code 92620-2894
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Diagnostic Radiologist
-----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2016

Transaction ID : C3383856

Amount of Each Receipt this Period

600.00

 Memo Item

C. Rita S Patel
Full Name (Last, First, Middle Initial)
Mailing Address Hackensack University Medical Cent
130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	04	/	2016

Transaction ID : C3383589

Amount of Each Receipt this Period

17.86

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	667.86
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 82 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Rita S Patel

Mailing Address Hackensack University Medical Cent
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383712

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. Rita S Patel

Mailing Address Hackensack University Medical Cent
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383745

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. Pradip M Pathare

Mailing Address Norwalk Hospital
24 Stevens St

City Norwalk State CT Zip Code 06856-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384385

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.72
TOTAL This Period (last page this line number only).....	

**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)	PAGE 83 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Julie Christine Payne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Diagnostic Radiology
 PO Box 23540
 City San Diego State CA Zip Code 92193-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383858
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Stephen Patrick Penor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hot Springs Radiology Svcs Ltd
 3633 Central Ave Ste D
 City Hot Springs State AR Zip Code 71913-6475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hot Springs Radiology Services, Ltd Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 24 / 2016
Transaction ID : C3377531
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gregory M S Phelan
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384425
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 84 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 04 / 2016
Transaction ID : C3383601

Amount of Each Receipt this Period
17.86

Memo Item

B. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383719

Amount of Each Receipt this Period
17.86

Memo Item

C. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383746

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 85 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Sean Patrick Pinnell MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7221

City Rancho Santa Fe State CA Zip Code 92067-7221

FEC ID number of contributing federal political committee. **C**

Name of Employer UCSD Med Ctr-Univ of CA,San Dieg Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383857

Amount of Each Receipt this Period **600.00**

Memo Item

B. Donald Ponec
Full Name (Last, First, Middle Initial)

Mailing Address 8745 Aero Dr Ste 200

City San Diego State CA Zip Code 92123-1774

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri-City Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383859

Amount of Each Receipt this Period **600.00**

Memo Item

C. Patricia Sims Poole MD
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Imaging PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Synergy Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383860

Amount of Each Receipt this Period **600.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 86 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Liviu Eugen Pop
Full Name (Last, First, Middle Initial)
Mailing Address 1331 N Elm St Ste 200
City Greensboro State NC Zip Code 27401-6304
FEC ID number of contributing federal political committee. **C**
Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383636
Amount of Each Receipt this Period 173.07
 Memo Item

B. Thomas Bernard Poulton
Full Name (Last, First, Middle Initial)
Mailing Address 3790 Oak New Glen Circle NW
City North Canton State OH Zip Code 44720
FEC ID number of contributing federal political committee. **C**
Name of Employer Aultman Hospital Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 17 / 2016
Transaction ID : C3372145
Amount of Each Receipt this Period 250.00
 Memo Item

C. Robert Jay Prager
Full Name (Last, First, Middle Initial)
Mailing Address San Diego Diagnostic Radiology PO Box 23540
City San Diego State CA Zip Code 92193-3540
FEC ID number of contributing federal political committee. **C**
Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383861
Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1023.07**
TOTAL This Period (last page this line number only).....

**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)	PAGE 87 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Ori Preis MD
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 02 / 2016
Transaction ID : C3383574

Amount of Each Receipt this Period 100.00

Memo Item

B. Michael L Puckett
Full Name (Last, First, Middle Initial)

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383862

Amount of Each Receipt this Period 600.00

Memo Item

c. Bryan Stephen Quarles MD
Full Name (Last, First, Middle Initial)

Mailing Address 1603 Putnam Ln

City Allen State TX Zip Code 75013-5378

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3380032

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 88 OF 119
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Joel I Rakow
Full Name (Last, First, Middle Initial)

Mailing Address 130 Kinderkamack Rd Ste 200

City	State	Zip Code
River Edge	NJ	07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2016

Transaction ID : C3383602

Amount of Each Receipt this Period

17.86

 Memo Item

B. Joel I Rakow
Full Name (Last, First, Middle Initial)

Mailing Address 130 Kinderkamack Rd Ste 200

City	State	Zip Code
River Edge	NJ	07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2016

Transaction ID : C3383728

Amount of Each Receipt this Period

17.86

 Memo Item

C. Joel I Rakow
Full Name (Last, First, Middle Initial)

Mailing Address 130 Kinderkamack Rd Ste 200

City	State	Zip Code
River Edge	NJ	07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : C3383747

Amount of Each Receipt this Period

17.86

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 89 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Vikram A Rao MD
Full Name (Last, First, Middle Initial)

Mailing Address West County Radiological Group
555 N New Ballas Rd Ste 150

City Saint Louis State MO Zip Code 63141-6843

FEC ID number of contributing federal political committee. **C**

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
08 / 31 / 2016
Transaction ID : C3383893

Amount of Each Receipt this Period
42.00

Memo Item

B. Anne Mosalie Reddy
Full Name (Last, First, Middle Initial)

Mailing Address Consulting Radiologists Ltd
1221 Nicollet Ave Ste 600

City Minneapolis State MN Zip Code 55403-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer U of Nebraska Medical Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384426

Amount of Each Receipt this Period
500.00

Memo Item

C. Thomas E Register
Full Name (Last, First, Middle Initial)

Mailing Address 709 Central Dr

City Elon State NC Zip Code 27244

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383637

Amount of Each Receipt this Period
173.07

Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Steven H Reid

Mailing Address 1331 N Elm St Ste 200

City Greensboro State NC Zip Code 27401-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383638

Amount of Each Receipt this Period **173.07**

Memo Item

Full Name (Last, First, Middle Initial)
B. Peter E Ricci

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384457

Amount of Each Receipt this Period **25.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Toni C Roth

Mailing Address West County Radiological Group
11475 Olde Cabin Rd Ste 200

City Saint Louis State MO Zip Code 63141-7129

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Illinois Neurosciences Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : C3383894

Amount of Each Receipt this Period **50.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	248.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Scott M Rudzinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 Bellefonte St
 City Pittsburgh State PA Zip Code 15232-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.36**

Date of Receipt **08 / 26 / 2016**
Transaction ID : C3383883
 Amount of Each Receipt this Period **62.52**
 Memo Item

B. Arthur D Sandy
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Associates of Birmingham
 2240 Lakeshore Dr Ste 140
 City Birmingham State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 27 / 2016**
Transaction ID : C3378221
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Richard R Saxon
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Imaging Medical Group
 3402 Piazza De Oro Way Ste 300
 City Oceanside State CA Zip Code 92056-3787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North County Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383863
 Amount of Each Receipt this Period **600.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	762.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 92 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Matthew Morris Schaar MD

Mailing Address Suburban Radiologic Consultants, L
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384427

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Howard R Schiffman

Mailing Address San Diego Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383864

Amount of Each Receipt this Period **600.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen Phillip Schmitter

Mailing Address San Diego Imaging Medical Group
3402 Piazza De Oro Way Ste 300

City Oceanside State CA Zip Code 92056-3787

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Radiologists LTD Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **08 / 25 / 2016**

Transaction ID : C3383865

Amount of Each Receipt this Period **600.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 93 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Martin Lee Schwartz

Mailing Address 2204 Lakeshore Dr Ste 140

City Birmingham State AL Zip Code 35209-6741

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Birmingham, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2016

Transaction ID : **C3377116**

Amount of Each Receipt this Period 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Christopher P Sebrechts

Mailing Address San Diego Diagnostic Radiology PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016

Transaction ID : **C3383866**

Amount of Each Receipt this Period 600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Nihar Suman Shah MD

Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016

Transaction ID : **C3384428**

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Michael Trevor Shick

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383639

Amount of Each Receipt this Period
173.07

Memo Item

Full Name (Last, First, Middle Initial)
B. Andrew Chung-Ming Shih MD

Mailing Address 34 Maple St

City Norwalk State CT Zip Code 06850-3815

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384386

Amount of Each Receipt this Period
220.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mark E Shogry

Mailing Address Greensboro Radiology PA
1331 N Elm St Ste 200

City Greensboro State NC Zip Code 27401-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.93

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383640

Amount of Each Receipt this Period
173.07

Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 95 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Fareed Ahmad Siddiqui
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384429
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Joel S Sigeti
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Diagnostic Radiology
 PO Box 23540
 City San Diego State CA Zip Code 92193-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383867
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Lonnie D Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Baumgartner Dr
 City La Crosse State WI Zip Code 54601-5494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gundersen Health System Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.02**

Date of Receipt **08 / 24 / 2016**
Transaction ID : C3377532
 Amount of Each Receipt this Period **83.34**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.34
TOTAL This Period (last page this line number only).....	

**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)	PAGE 96 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Jason K Skyles MD

Mailing Address 481 Pine Bend Dr

City	State	Zip Code
Chesterfield	MO	63005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
West County Radiological Group	Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
08 / 28 / 2016

Transaction ID : C3378239

Amount of Each Receipt this Period
209.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Kevin L Smith

Mailing Address 1990 Connecticut Ave S

City	State	Zip Code
Sartell	MN	56377-2554

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Regional Diagnostic Radiology	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 28 / 2016

Transaction ID : C3378240

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Andrew H Sonin

Mailing Address Radiology Imaging Assoc
10700 E. Geddes Ave, Suite 200

City	State	Zip Code
Englewood	CO	80112

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Radiology Imaging Associates, P.C.	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 30 / 2016

Transaction ID : C3384458

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	329.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 97 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. H Joseph Spaeth JR

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384430

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. John Allen Stahl

Mailing Address Greensboro Radiology PA
PO Box 13005

City Greensboro State NC Zip Code 27415-3005

FEC ID number of contributing federal political committee. **C**

Name of Employer Student Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383641

Amount of Each Receipt this Period **173.07**

Memo Item

Full Name (Last, First, Middle Initial)
C. Eric J Stein

Mailing Address Bryn Mawr Hospital
130 S Bryn Mawr Ave

City Bryn Mawr State PA Zip Code 19010-3143

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of the Main Line Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **867.40**

Date of Receipt **08 / 10 / 2016**

Transaction ID : C3391195

Amount of Each Receipt this Period **108.34**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **781.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James Palmer Strain
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383575

Amount of Each Receipt this Period **100.00**

Memo Item

B. Kendall J Strand
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384431

Amount of Each Receipt this Period **500.00**

Memo Item

C. Edward B Strauss
Full Name (Last, First, Middle Initial)

Mailing Address Norwalk Radiology Consultants, PC
148 East Ave

City Norwalk State CT Zip Code 06851-5700

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384387

Amount of Each Receipt this Period **220.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	820.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 99 OF 119
<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

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Taylor Hamer Stroud MD
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.93

Date of Receipt 08 / 05 / 2016
Transaction ID : C3383642

Amount of Each Receipt this Period 173.07

Memo Item

B. Jeremy S Stupin MD
Full Name (Last, First, Middle Initial)

Mailing Address 5191 Chelsea St

City LA Jolla State CA Zip Code 92037-7909

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 25 / 2016
Transaction ID : C3383868

Amount of Each Receipt this Period 600.00

Memo Item

C. Brian Thomas Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384432

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1273.07

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

**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)	PAGE 100 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Richard F Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383576

Amount of Each Receipt this Period **100.00**

Memo Item

B. James N Suojanen
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 02 / 2016**

Transaction ID : C3383577

Amount of Each Receipt this Period **100.00**

Memo Item

C. Kyle Darren Talbot
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt **08 / 05 / 2016**

Transaction ID : C3383643

Amount of Each Receipt this Period **173.07**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	373.07
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 101 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Shawn DeWayne Teague
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Jackson St Goodman Bldg Rm K0

City State Zip Code
Denver CO 80206-2761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Indiana Univ School of Medicine Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 27 / 2016
Transaction ID : C3391162

Amount of Each Receipt this Period
100.00

Memo Item

B. Sean Edward Theisen
Full Name (Last, First, Middle Initial)

Mailing Address Huron Valley Radiology
5333 McAuley Drive Ste 6016

City State Zip Code
Ypsilanti MI 48108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Huron Valley Radiology Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 01 / 2016
Transaction ID : C3362765

Amount of Each Receipt this Period
500.00

Memo Item

C. Steven G Thiel MD
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City State Zip Code
Minneapolis MN 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Suburban Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384433

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 102 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jeffrey L Thomasson
 Full Name (Last, First, Middle Initial)
 Mailing Address St Johns Mercy Medical Ctr
 615 S New Ballas Rd
 City Saint Louis State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West County Radiological Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : C3383895
 Amount of Each Receipt this Period **75.00**
 Memo Item

B. Daniel J Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384434
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Richard M Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address Suburban Radiologic Consultants
 4801 W 81st St Ste 108
 City Minneapolis State MN Zip Code 55437-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2016**
Transaction ID : C3384435
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Patrick J Toth

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 04 / 2016
Transaction ID : C3383579

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. Patrick J Toth

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 18 / 2016
Transaction ID : C3383705

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. Patrick J Toth

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.48

Date of Receipt
08 / 19 / 2016
Transaction ID : C3383748

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.58

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

**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)	PAGE 104 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Susan J Turner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.93**

Date of Receipt **08 / 05 / 2016**
Transaction ID : C3383644
 Amount of Each Receipt this Period **173.07**
 Memo Item

B. William B Veazey
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Assoc PA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.93**

Date of Receipt **08 / 05 / 2016**
Transaction ID : C3383645
 Amount of Each Receipt this Period **173.07**
 Memo Item

C. Daniel N Vinocur MD
 Full Name (Last, First, Middle Initial)
 Mailing Address San Diego Diagnostic Radiology
 PO Box 23540
 City San Diego State CA Zip Code 92193-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital Boston Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : C3383869
 Amount of Each Receipt this Period **600.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	946.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 105 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Cuong Vuong

Mailing Address 9612 Wolf Creek Dr

City Irving State TX Zip Code 75063-5020

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 22 / 2016**

Transaction ID : C3376825

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Peter R Wahba MD

Mailing Address 261 Woodhill Ln

City Media State PA Zip Code 19063-1964

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 10 / 2016**

Transaction ID : C3391196

Amount of Each Receipt this Period **40.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Evan Seth Wasserman

Mailing Address Norwalk Radiology Consultants, PC
148 East Ave

City Norwalk State CT Zip Code 06851-5700

FEC ID number of contributing federal political committee. **C**

Name of Employer Norwalk Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : C3384388

Amount of Each Receipt this Period **220.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	760.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 119
(check only one)

<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
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Anoop S Wattamwar

Mailing Address 130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack	Occupation Radiologist
--------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2016

Transaction ID : C3383590

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
B. Anoop S Wattamwar

Mailing Address 130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack	Occupation Radiologist
--------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2016

Transaction ID : C3383713

Amount of Each Receipt this Period
17.86

Memo Item

Full Name (Last, First, Middle Initial)
C. John A Watts MD

Mailing Address 1331 N Elm St Ste 200

City Greensboro	State NC	Zip Code 27401-6304
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

Transaction ID : C3383646

Amount of Each Receipt this Period
173.07

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.79
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 107 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Jonathan Watts MD

Mailing Address Wake Forest Univ School of Med
Medical Center Blvd

City Winston Salem State NC Zip Code 27157-1088

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.93**

Date of Receipt
08 / 05 / 2016

Transaction ID : C3383647

Amount of Each Receipt this Period
173.07

Memo Item

Full Name (Last, First, Middle Initial)
B. Simon Westacott

Mailing Address 1965 Glendower Dr

City Lancaster State PA Zip Code 17601-4945

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
08 / 04 / 2016

Transaction ID : C3387314

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jonathan Williams MD

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
08 / 30 / 2016

Transaction ID : C3384436

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	773.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 OF 119 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Mark Edward Wilson
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Minneapolis State MN Zip Code 55437-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384437

Amount of Each Receipt this Period 500.00

Memo Item

B. Michael Herman Wittmer MD
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City Bloomington State MN Zip Code 55437-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : C3384438

Amount of Each Receipt this Period 500.00

Memo Item

C. Mark D Wittry
Full Name (Last, First, Middle Initial)

Mailing Address West County Radiological Group
11475 Olde Cabin Road Ste 200

City Saint Louis State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C**

Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 14 / 2016
Transaction ID : C3371618

Amount of Each Receipt this Period 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.34
TOTAL This Period (last page this line number only).....	

**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)	PAGE 109 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jonathan K Wood
Full Name (Last, First, Middle Initial)

Mailing Address Suburban Imaging MMEC I
8990 Springbrook Dr NW Ste 140

City Coon Rapids State MN Zip Code 55433-5880

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2016
Transaction ID : C3384439

Amount of Each Receipt this Period
500.00

Memo Item

B. William W Woodruff III
Full Name (Last, First, Middle Initial)

Mailing Address High Point Radiological Services
PO Box 5007

City High Point State NC Zip Code 27262

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 05 / 2016
Transaction ID : C3383648

Amount of Each Receipt this Period
173.07

Memo Item

C. Robert Charles Yacullo JR
Full Name (Last, First, Middle Initial)

Mailing Address San Deigo Diagnostic Radiology
PO Box 23540

City San Diego State CA Zip Code 92193-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
08 / 25 / 2016
Transaction ID : C3383870

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1273.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Glenn Takeshi Yamagata
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Radiology PA
 1331 N Elm St Ste 200
 City Greensboro State NC Zip Code 27401-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **326.93**

Date of Receipt **08 / 05 / 2016**
Transaction ID : C3383649
 Amount of Each Receipt this Period **173.07**
 Memo Item

B. Clement Yang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **321.48**

Date of Receipt **08 / 04 / 2016**
Transaction ID : C3383583
 Amount of Each Receipt this Period **17.86**
 Memo Item

C. Clement Yang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **321.48**

Date of Receipt **08 / 18 / 2016**
Transaction ID : C3383707
 Amount of Each Receipt this Period **17.86**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.79
TOTAL This Period (last page this line number only).....	

**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)	PAGE 111 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Clement Yang MD

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt **08 / 19 / 2016**

Transaction ID : C3383749

Amount of Each Receipt this Period **17.86**

Memo Item

Full Name (Last, First, Middle Initial)
B. Mark Ming-Yi Yeh

Mailing Address 35 N Raymond Ave Unit 205

City Pasadena State CA Zip Code 91103-4529

FEC ID number of contributing federal political committee. **C**

Name of Employer Mark M. Yeh MD Inc. Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 22 / 2016**

Transaction ID : C3376777

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. David Zander MD

Mailing Address 194 Walden St Unit 1

City Cambridge State MA Zip Code 02140-3301

FEC ID number of contributing federal political committee. **C**

Name of Employer Massachusetts Eye and Ear Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 15 / 2016**

Transaction ID : C3371656

Amount of Each Receipt this Period **50.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	117.86
TOTAL This Period (last page this line number only).....▶	77523.75

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

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

FOR LINE NUMBER: PAGE 112 OF 119
(check only one)
 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 (Last, First, Middle Initial)
A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City State Zip Code
 RALEIGH NC 27624

FEC ID number of contributing federal political committee. **C** C00471896

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2016

Transaction ID : C3383650

Amount of Each Receipt this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Bank of America - Hard

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : D175833

Amount of Each Disbursement this Period

391.10

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

391.10

391.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. CHESAPEAKE PAC

Mailing Address 170 OLD ENTERPRISE ROAD
PO BOX 5323

City UPPER MARLORO State MD Zip Code 20774

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175359

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Neal Dunn

Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : D175649

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KEYSTONE AMERICA PAC

Mailing Address 700 13TH STREET
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175366

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Loretta Sanchez for US Senate 2016

Mailing Address PO Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2016

Transaction ID : D175648

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Rep. Andy Harris

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2016

Transaction ID : D175364

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Rep. Glenn Thompson

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2016

Transaction ID : D175358

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Gregg Harper

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: MS District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175370

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Jackie Speier

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175360

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Joe Wilson

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: SC District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175368

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Paul Tonko

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NY District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175367

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Raul Ruiz

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175363

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Sander M. Levin

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: MI District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : D175362

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address 1107 48TH AVE., N.

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Rep. Tom Rice

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2016

Transaction ID : D175369

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address P.O. BOX 3157

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2016

Transaction ID : D175365

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 SOUTH WASHINGTON
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2016

Transaction ID : D175361

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11500.00

43500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00343459
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Gumbinner & Davies Communications <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2016
Mailing Address 2001 S St NW Ste 301		Amount 17793.30
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Printed Advertising for Mailing	Category/Type	Transaction ID : D175214 Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016
Name of Federal Candidate Rep. Debbie Wasserman Schultz	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	72885.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gumbinner & Davies Communications <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2016
Mailing Address 2001 S St NW Ste 301		Amount 17793.30
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Printed Advertising for Mailing	Category/Type	Transaction ID : D175213 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2016
Name of Federal Candidate Rep. Debbie Wasserman Schultz	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	72885.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35586.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	35586.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

Signature _____ Date MM / DD / YYYY 09 / 20 / 2016

[Electronically Filed]