24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American College of Radiology Association PAC	C C00343459
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee Prevail Strategies	Date of Public Distribution/Dissemination
	09 26 2016
Mailing Address 415 New Jersey Ave SE Suite 1	Amount
City State Zip Code	22500.00
Washington DC 20003	Transaction ID : D175960 Date of Disbursement or Obligation
Purpose of Expenditure Internet Ad Category/ Type	09 / 26 / 2016
Name of Federal Candidate Support Office	Sought: House District: 00
Sen. Roy Blunt Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought Disbu 2016	Primary General
Full Name of Payee	Other (specify) ► Date of Public Distribution/Dissemination
Prevail Strategies	M = M / D = D / Y = Y = Y
Mailing Address 415 New Jersey Ave SE Suite 1	09 26 2016
, and the second	Amount
City State Zip Code	72500.00
Washington DC 20003	Transaction ID: D175961 Date of Disbursement or Obligation
Purpose of Expenditure Internet Ad Category/ Type	09 26 2016
Name of Federal Candidate X Support Office	e Sought: House District: 00
Sen. Kelly Ayotte Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify)
	Cities (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	95000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Richard Taxin MD [Electronically Filed] Date 0	9 27 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American College of Radiology Association PAC	C C00343459
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP Media	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 N Union St, Suite 200	Amount
City State Zip Code	117662.00
Alexandria VA 22314	Transaction ID : D175915 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Category/ Type	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Sen. Richard M. Burr Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 2016	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Prevail Strategies	09 / 26 / 2016
Mailing Address 415 New Jersey Ave SE Suite 1	Amount
City State Zip Code	49735.92
Washington DC 20003	Transaction ID : D175962 Date of Disbursement or Obligation
Purpose of Expenditure Printed Advertising for Mailing Category/ Type	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Sen. Kelly Ayotte Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 6 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	167397.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171171
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Richard Taxin MD [Electronically Filed] Date	09 27 2016
Signature	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
American College of Radiology Association PAC	C C00343459	
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Prevail Strategies	09 27 2016	
Mailing Address 415 New Jersey Ave SE Suite 1	Amount	
City State Zip Code	49326.75	
	ransaction ID: D175963 Date of Disbursement or Obligation	
Purpose of Expenditure Printed Advertising for Mailing Category/ Type	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office So	ought: House District: 00	
Son Pov Plunt	resident State: MO	
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary General	
	Other (specify) Other	
Full Name of Payee Prevail Strategies	Date of Public Distribution/Dissemination 09 27 2016	
Mailing Address 415 New Jersey Ave SE Suite 1	Amount	
City State Zip Code	4500.00	
	ransaction ID: D175965 Date of Disbursement or Obligation	
Purpose of Expenditure Radio Ad Development Category/ Type	09 / 27 / 2016	
Name of Federal Candidate Support Office S	Sought: House District: 00	
Sen. Richard M. Burr Oppose Pr	resident State: NC	
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	53826.75	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	316224.67	
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 [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

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