

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

Check if different than previously reported. (ACC) Reston VA 20191

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00343459

3. IS THIS REPORT NEW OR AMENDED

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 [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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 04 / 20 / 2015

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 6 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="2015"/>	<input type="text" value="261891.77"/>	<input type="text" value="261891.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="316996.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="174997.14"/>	<input type="text" value="355010.82"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="491993.38"/>	<input type="text" value="616902.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="132417.06"/>	<input type="text" value="257326.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="359576.32"/>	<input type="text" value="359576.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

American College of Radiology Association PAC

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

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).....	153811.35	304698.03
(ii) Unitemized	21185.79	50312.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	174997.14	355010.82
(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)	174997.14	355010.82
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.....	0.00	0.00
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))..... ▶	174997.14	355010.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	174997.14	355010.82

DETAILED SUMMARY PAGE

of Disbursements

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	2249.06	4388.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2249.06	4388.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130000.00	252000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	168.00	937.30
(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)).....	168.00	937.30
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)) ..	132417.06	257326.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132417.06	257326.27

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)	174997.14	355010.82
34. Total Contribution Refunds (from Line 28(d))	168.00	937.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174829.14	354073.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2249.06	4388.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2249.06	4388.97

**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 6 OF 148
	<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	

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

A. Essmaeel H Abdel-Dayem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Thatcher St Apt 5
 City Brookline State MA Zip Code 02446-3532
 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 **300.00**

Date of Receipt **03 / 03 / 2015**
Transaction ID : C2967507
 Amount of Each Receipt this Period **100.00**

B. Essmaeel H Abdel-Dayem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Thatcher St Apt 5
 City Brookline State MA Zip Code 02446-3532
 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 **300.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2982166
 Amount of Each Receipt this Period **100.00**

C. Mark James Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Bordeaux Way
 City Fairport State NY Zip Code 14450-4614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : C2946466
 Amount of Each Receipt this Period **1000.00**

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 7 OF 148
	<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. John L Alfieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 New Britain Dr
 City Lynchburg State VA Zip Code 24503-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2981841
 Amount of Each Receipt this Period
 350.00

B. Mark David Alson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6641 N Forkner Ave
 City Fresno State CA Zip Code 93711-1326
 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 ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2967571
 Amount of Each Receipt this Period
 75.00

C. Rafael A Altieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Savoy St Apt D308
 City Boston State MA Zip Code 02118-2588
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2967508
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 8 OF 148
	<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. Rafael A Altieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Savoy St Apt D308
 City Boston State MA Zip Code 02118-2588
 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 300.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2982167
 Amount of Each Receipt this Period 100.00

B. Judith K Amorosa
 Full Name (Last, First, Middle Initial)
 Mailing Address Robert Wood Johnson Med Sch
 1 Robert Wood Johnson Pl
 City New Brunswick State NJ Zip Code 08901-1966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2983547
 Amount of Each Receipt this Period 250.00

C. Howard J Ansel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8310 Cedar Lake Rd S
 City Saint Louis Park State MN Zip Code 55426-2418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Minnesota Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2946011
 Amount of Each Receipt this Period 1000.00

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 9 OF 148
	<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. Kimberly Elaine Applegate
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 Morningside Ct
 City Zionsville State IN Zip Code 46077-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Healthcare Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : C2950503
 Amount of Each Receipt this Period
 1000.00

B. Thomas A Applewhite
 Full Name (Last, First, Middle Initial)
 Mailing Address 13074 Starbuck Rd
 City Saint Louis State MO Zip Code 63141-8544
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2970472
 Amount of Each Receipt this Period
 75.00

C. Raymond Alton Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology of Huntsville
 2006 Franklin St SE Ste 200
 City Huntsville State AL Zip Code 35801-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Medical Ctr-Montclair Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2944330
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
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 10 OF 148
	<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. Boyd Cooley Ashdown
Full Name (Last, First, Middle Initial)
Mailing Address 6021 N Desert Moon Ct
City Tucson State AZ Zip Code 85750-0924
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiology LTD Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2950055
Amount of Each Receipt this Period 500.00

B. Michael Kemal Atalay
Full Name (Last, First, Middle Initial)
Mailing Address 70 Bailey Blvd
City East Greenwich State RI Zip Code 02818-1454
FEC ID number of contributing federal political committee. **C**
Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982110
Amount of Each Receipt this Period 250.00

C. Emily Lance Averbook
Full Name (Last, First, Middle Initial)
Mailing Address 210 Frye Rd
City Pinehurst State NC Zip Code 28374-8956
FEC ID number of contributing federal political committee. **C**
Name of Employer Pinehurst Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2982366
Amount of Each Receipt this Period 480.00

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
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 11 OF 148
	<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. Michael R Baker

Mailing Address **6541 N Placita Alta Reposa**

City **Tucson** State **AZ** Zip Code **85750-4204**

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

Name of Employer **Radiology 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
0	3		1	2		2	0	1	5

Transaction ID : C2950076

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0

500.00

Full Name (Last, First, Middle Initial)
B. Mack K Bandler

Mailing Address **2656 Oak View Cir**

City **Medford** State **OR** Zip Code **97504-6320**

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

Name of Employer **Medford Radiological Group** Occupation **Diagnostic Radiologist**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : C2969246

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

1000.00

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

Mailing Address **1759 Creek View Drive**

City **Fogelsville** State **PA** Zip Code **18051**

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

Name of Employer **Medical Imaging of Lehigh Valley** Occupation **Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : C2957140

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0

250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 12 OF 148
	<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. Sandip Basak
Full Name (Last, First, Middle Initial)

Mailing Address 15 Banyan Rd

City State Zip Code
Skillman NJ 08558-2238

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

Name of Employer Occupation
University Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015
Transaction ID : C2983548

Amount of Each Receipt this Period
250.00

B. Daniel J Becker
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Murray Hill Ln

City State Zip Code
Memphis TN 38120-2643

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

Name of Employer Occupation
Mid South Imaging, P.C. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : C2948398

Amount of Each Receipt this Period
336.00

c. Murray David Becker
Full Name (Last, First, Middle Initial)

Mailing Address 56 Independence Dr

City State Zip Code
East Brunswick NJ 08816-3286

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

Name of Employer Occupation
University Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015
Transaction ID : C2983549

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 836.00

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 148
	<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. Michael David Beland MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Keyes Ct

City East Greenwich State RI Zip Code 02818-1450

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982111

Amount of Each Receipt this Period
 250.00

B. Matthew Lee Bell MD
Full Name (Last, First, Middle Initial)

Mailing Address 6764 N Placita Cielito Lindo

City Tucson State AZ Zip Code 85718-1214

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

Name of Employer Radiology Ltd PLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2950097

Amount of Each Receipt this Period
 500.00

C. Jacqueline Anne Bello
Full Name (Last, First, Middle Initial)

Mailing Address 115 Central Park W 21D

City New York State NY Zip Code 10023

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

Name of Employer Montefiore Medical Center Occupation Neuroradiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2957244

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 148
	<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 M Benator
Full Name (Last, First, Middle Initial)

Mailing Address All Children's Hospital
501 6th Street South

City St Petersburg State FL Zip Code 33701-4816

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

Name of Employer All Children's Specialty Physicians Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 17 / 2015
Transaction ID : C2947457

Amount of Each Receipt this Period
1000.00

B. Stuart Bentley-Hibbert MD
Full Name (Last, First, Middle Initial)

Mailing Address 4 Chateau Ridge Dr

City Greenwich State CT Zip Code 06831-2940

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

Name of Employer Columbia University Medical Center Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 10 / 2015
Transaction ID : C2945744

Amount of Each Receipt this Period
2500.00

C. 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 ▼
252.00

Date of Receipt
03 / 04 / 2015
Transaction ID : C2967523

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3584.00

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 15 OF 148
(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. Leonard Berlin

Mailing Address 518 Meadow Drive West

City State Zip Code
Wilmette IL 60091-2276

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

Name of Employer Occupation
Self-Employed Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015
Transaction ID : C2944415

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Timothy Andrew Bernauer

Mailing Address 13 Pintail Pl

City State Zip Code
Appleton WI 54913-8068

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

Name of Employer Occupation
Radiology Associates of Appleton Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015
Transaction ID : C2949781

Amount of Each Receipt this Period
210.00

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

Mailing Address South Shore Hospital
55 Fogg Rd

City State Zip Code
South Weymouth MA 02190-2455

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : C2967509

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1310.00

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 16 OF 148
(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

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982168
 Amount of Each Receipt this Period
 100.00

B. Rajiv Biswal
 Full Name (Last, First, Middle Initial)
 Mailing Address Jersey Shore Univ Med Ctr
 1945 Corlies Ave
 City Neptune State NJ Zip Code 07753-4896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jersey Shore Radiologists PA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985711
 Amount of Each Receipt this Period
 250.00

C. Albert L Blumberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Jenny Lane
 City Baltimore State MD Zip Code 21201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Baltimore Med Center Occupation Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945827
 Amount of Each Receipt this Period
 1000.00

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 17 OF 148
	<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. Edward I Bluth		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : C2958571
Mailing Address Ochsner Foundation Hosp 1514 Jefferson Hwy		Amount of Each Receipt this Period 1000.00
City New Orleans	State LA	Zip Code 70121-2429
FEC ID number of contributing federal political committee. C	Name of Employer Ochsner Radiology	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Leonard J Bodner		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : C295712
Mailing Address 335 N 4th Ave		Amount of Each Receipt this Period 250.00
City Highland Park	State NJ	Zip Code 08904-2725
FEC ID number of contributing federal political committee. C	Name of Employer University Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bradley Joseph Bohnert		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : C2950098
Mailing Address Radiology Ltd 677 N Wilmot Rd		Amount of Each Receipt this Period 500.00
City Tucson	State AZ	Zip Code 85711-2701
FEC ID number of contributing federal political committee. C	Name of Employer Radiology 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).....▶	1750.00
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 18 OF 148
	(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. Charles W Bowley MD		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 Transaction ID : C2960366
Mailing Address Casper Medical Imaging 419 S Washington St		Amount of Each Receipt this Period 250.00
City Casper	State WY	Zip Code 82601
FEC ID number of contributing federal political committee. C		
Name of Employer Casper Medical Imaging	Occupation Interventional Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jerrold Lee Boxerman		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 Transaction ID : C2982112
Mailing Address 24 Eisenhower Dr		Amount of Each Receipt this Period 250.00
City Sharon	State MA	Zip Code 02067-3214
FEC ID number of contributing federal political committee. C		
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard R Boyle JR		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : C2950099
Mailing Address 5660 N Calle Mayapan		Amount of Each Receipt this Period 500.00
City Tucson	State AZ	Zip Code 85718-5135
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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).....▶	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 19 OF 148
	<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. Matthew Joseph Brady MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Shelmore Blvd
 City State Zip Code
 Mt. Pleasant SC 29464-6616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Roper Radiologists, PC Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2944422
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey M Brody
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Ronald Road
 City State Zip Code
 Barrington RI 02806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rhode Island Medical Imaging Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982113
 Amount of Each Receipt this Period
 250.00

C. James H Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 E 38th St Apt 41E
 City State Zip Code
 New York NY 10016-2786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Radiology Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985713
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 148
	<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 E Brown MD		Date of Receipt
Mailing Address 6941 Lehigh Ct		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Allentown State PA Zip Code 18106-9540		Transaction ID : C2944993
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Medical Imaging of Lehigh Valley Occupation Diagnostic Radiologist		<input type="text" value="250.00"/>
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Michael Hunter Brown MD		Date of Receipt
Mailing Address 1524 Brookgreen Dr		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Myrtle Beach State SC Zip Code 29577-5870		Transaction ID : C2940992
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Carolina Radiology Associates Occupation Diagnostic Radiologist		<input type="text" value="1000.00"/>
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. John S Buchignani JR		Date of Receipt
Mailing Address 6080 River Oaks Rd		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City Memphis State TN Zip Code 38120-2547		Transaction ID : C2948385
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Mid South Imaging Occupation Radiologist		<input type="text" value="336.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="336.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1586.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 OF 148
(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. Larry J Burr

Mailing Address 2601 Deer Lane Rd

City Marion State IA Zip Code 52302-9304

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2948655

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. Kim D Burroughs

Mailing Address 5520 E Shadow Ridge Dr

City Tucson State AZ Zip Code 85750-1029

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

Name of Employer Radiology LTD Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2950114

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Bruce E Burton

Mailing Address 3106 Oakridge Ct

City Owensboro State KY Zip Code 42303-2740

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

Name of Employer Radiology Partners Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 19 / 2015**

Transaction ID : C2955484

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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 22 OF 148
	(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. Justin John Campbell MD
Full Name (Last, First, Middle Initial)

Mailing Address 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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : C2967510

Amount of Each Receipt this Period
100.00

B. Justin John Campbell MD
Full Name (Last, First, Middle Initial)

Mailing Address 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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982169

Amount of Each Receipt this Period
100.00

c. Cheri L Canon
Full Name (Last, First, Middle Initial)

Mailing Address 1533 Woodridge Pl

City Birmingham State AL Zip Code 35216-1657

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

Name of Employer UAB Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : C2945873

Amount of Each Receipt this Period
1000.00

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 23 OF 148
	<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. Michael R Carroll III
Full Name (Last, First, Middle Initial)

Mailing Address Jersey Shore Radiology Assoc
2100 Corlies Ave

City Neptune State NJ Zip Code 07753-6116

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

Name of Employer Jersey Shore Radiology Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2985714

Amount of Each Receipt this Period 250.00

B. John A Cassese
Full Name (Last, First, Middle Initial)

Mailing Address 200 Boulder Way

City East Greenwich State RI Zip Code 02818-5101

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982114

Amount of Each Receipt this Period 250.00

C. Salvatore Richard Cavoli
Full Name (Last, First, Middle Initial)

Mailing Address 30 E Ridge Rd

City Loudonville State NY Zip Code 12211-1476

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

Name of Employer SPHPMA Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2970311

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 24 OF 148
	<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. Michael Louis Censullo
Full Name (Last, First, Middle Initial)

Mailing Address University Radiology Group PC
579A Cranbury Rd

City East Brunswick State NJ Zip Code 08816-5426

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

Name of Employer Univ of Texas Medical School Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2985715

Amount of Each Receipt this Period 250.00

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

Mailing Address 8206 Ashworth Ct

City Jacksonville State FL Zip Code 32256-3637

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

Name of Employer Mayo Clinic Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2015
Transaction ID : C2949123

Amount of Each Receipt this Period 1000.00

c. Christina Marie Chaconas
Full Name (Last, First, Middle Initial)

Mailing Address 3908 Foxcroft Rd

City Charlotte State NC Zip Code 28211-3757

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 13 / 2015
Transaction ID : C2949838

Amount of Each Receipt this Period 252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1502.00

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 25 OF 148
(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. Laurence S Chaise
 Mailing Address 20 Washington Ave
 City State Zip Code
 Morganville NJ 07751-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985716
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mark Aaron Chambers MD
 Mailing Address 1005 Des Peres Woods Ct
 City State Zip Code
 Des Peres MO 63131-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West County Radiological Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2970473
 Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
c. C Peter Chang
 Mailing Address 7113 Fairway Vista Dr
 City State Zip Code
 Charlotte NC 28226-6870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Charlotte Radiology, P.A. Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949839
 Amount of Each Receipt this Period
 252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 577.00
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 26 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Kevin Jeffrey Chang MD

Mailing Address 73 Norwood St

City Sharon State MA Zip Code 02067-1262

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : C2982115

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Shelley K Charnoff

Mailing Address 192 Hinckley Rd

City Milton State MA Zip Code 02186-2853

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : C2967511

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
c. Shelley K Charnoff

Mailing Address 192 Hinckley Rd

City Milton State MA Zip Code 02186-2853

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982170

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 27 OF 148
	<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. Edem F Chen MD

Mailing Address 322 E Central Blvd Unit 1502

City Orlando State FL Zip Code 32801-4349

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

Name of Employer MCRG Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : C2949678

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Taylor Ping-Whee Chen

Mailing Address Radiology Ltd
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

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

Name of Employer Radiology Ltd Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2950129

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Jonathan Daniel Clemente

Mailing Address 1620 Biltmore Drive

City Charlotte State NC Zip Code 28207-2612

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949840

Amount of Each Receipt this Period
 252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1002.00

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 28 OF 148
	<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. Kelli A Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 8602 Stable Crest Blvd

City Houston	State TX	Zip Code 77024-7028
-----------------	-------------	------------------------

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

Name of Employer UT Health	Occupation Radiologist
-------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : C2958839

Amount of Each Receipt this Period
250.00

B. James P Coleman MD
Full Name (Last, First, Middle Initial)

Mailing Address 7357 Savannah Dr

City Marion	State MS	Zip Code 39342-9004
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : C2967568

Amount of Each Receipt this Period
100.00

C. W Shawn Conwell MD
Full Name (Last, First, Middle Initial)

Mailing Address 293 Piney Bluff Rd

City Rembert	State SC	Zip Code 29128-9630
-----------------	-------------	------------------------

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

Name of Employer Pitts Radiology	Occupation Diagnostic Radiologist
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : C2944419

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	2850.00
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 29 OF 148
	<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. Jennifer Cranny
Full Name (Last, First, Middle Initial)

Mailing Address 448 Rice Hope Dr

City Mount Pleasant State SC Zip Code 29464

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

Name of Employer Palmetto Primary Care Physicians Occupation Physician Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2970409

Amount of Each Receipt this Period 1000.00

B. Daniel Andrew Craven
Full Name (Last, First, Middle Initial)

Mailing Address 1334 Marsh Creek Ln

City Collierville State TN Zip Code 38017-3940

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

Name of Employer Mid South Imaging Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 03 / 04 / 2015
Transaction ID : C2948401

Amount of Each Receipt this Period 333.36

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

Mailing Address 6 Atlantic Crossing

City Barrington State RI Zip Code 02806

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

Name of Employer RIMI Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982108

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1633.36

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 148
	<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. Frederick W Cubin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Elkhorn Valley Dr
 City Casper State WY Zip Code 82609-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : C2960591
 Amount of Each Receipt this Period
 600.00

B. Mary Ann Curtis
 Full Name (Last, First, Middle Initial)
 Mailing Address 10630 Cromwell Dr
 City Lincoln State NE Zip Code 68516-9253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : C2959266
 Amount of Each Receipt this Period
 1000.00

C. George Littleton Cushing JR
 Full Name (Last, First, Middle Initial)
 Mailing Address Mount Auburn Hospital
 330 Mt Auburn St
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2948410
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 31 OF 148
	<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. Henry Jivan Dalsania MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Forest Hill Irene Rd S
 City Cordova State TN Zip Code 38018-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid South Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : C2948378
 Amount of Each Receipt this Period **336.00**

B. Susan Ann Danahy
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Old Farm Circle
 City Pittsford State NY Zip Code 14534-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borg & Ide Imaging Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2970408
 Amount of Each Receipt this Period **250.00**

c. Diego Davila
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Mount Auburn St
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : C2948417
 Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional).....	986.00
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 32 OF 148
	<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. Lawrence M Davis

Mailing Address 5 Veritas Way

City Barrington State RI Zip Code 02806-2751

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : C2982116

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Gary J De Filipp

Mailing Address Charlotte Radiology PA
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2949841

Amount of Each Receipt this Period
252.00

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

Mailing Address 430 Rovino Ave

City Coral Gables State FL Zip Code 33156-4261

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

Name of Employer SJD MD PA Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : C2948380

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1502.00
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 33 OF 148
	<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. Scott David Didier MD
Full Name (Last, First, Middle Initial)

Mailing Address 835 Tall Spruce Cv

City Collierville State TN Zip Code 38017-8554

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

Name of Employer Mid South Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : C2948399

Amount of Each Receipt this Period
 336.00

B. Marcus John Dill-Macky
Full Name (Last, First, Middle Initial)

Mailing Address 7320 E Thimble View Way

City Tucson State AZ Zip Code 85750-1323

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

Name of Employer Radiology Ltd Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : C2950130

Amount of Each Receipt this Period
 500.00

C. Linda L Donegan
Full Name (Last, First, Middle Initial)

Mailing Address 125 Juniper Dr

City East Greenwich State RI Zip Code 02818-1371

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : C2982117

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1086.00
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 34 OF 148
	<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. Gregory Joseph Dubel
Full Name (Last, First, Middle Initial)

Mailing Address **Brown Univ-Rhode Island Hosp**
593 Eddy St

City **Providence** State **RI** Zip Code **02903-4923**

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

Name of Employer **Rhode Island Medical Imaging** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	5

Transaction ID : C2982118

Amount of Each Receipt this Period

2	5	0	0
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250.00

B. Tom Dunlap
Full Name (Last, First, Middle Initial)

Mailing Address **579A Cranbury Rd**

City **East Brunswick** State **NJ** Zip Code **08816-5426**

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

Name of Employer **University Radiology Group** Occupation **Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	1	5

Transaction ID : C2985717

Amount of Each Receipt this Period

2	5	0	0
---	---	---	---

250.00

C. Damian E Dupuy
Full Name (Last, First, Middle Initial)

Mailing Address **Rhode Island Hospital**
593 Eddy St

City **Providence** State **RI** Zip Code **02903-4970**

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

Name of Employer **Rhode Island Medical Imaging** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	5

Transaction ID : C2982119

Amount of Each Receipt this Period

2	5	0	0
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250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 35 OF 148
	<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. Audrey Duva-Frissora

Mailing Address PO Box 183

City Hamilton State MA Zip Code 01936-0183

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

Name of Employer Schatzki Radiology Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2948414

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Michael Donald Edwards

Mailing Address Pinehurst Radiology Associates
30 Memorial Dr

City Pinehurst State NC Zip Code 28374-8707

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

Name of Employer UT Memphis Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982367

Amount of Each Receipt this Period
480.00

Full Name (Last, First, Middle Initial)
C. Robert Einhorn

Mailing Address 8 Point of Woods Drive

City North Brunswick State NJ Zip Code 08902

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2985718

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1130.00
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 36 OF 148
	(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. Alan David Eisenberg

Mailing Address 6305 Humphreys Blvd Ste 205

City	State	Zip Code
Memphis	TN	38120-2379

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

Name of Employer	Occupation
Mid South Imaging	Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

Transaction ID : C2948391

Amount of Each Receipt this Period
336.00

Full Name (Last, First, Middle Initial)
B. Ahmed Bassem Elaini MD

Mailing Address PO Box 54

City	State	Zip Code
Andover	MA	01810-0001

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

Name of Employer	Occupation
Massachusetts General Hospital	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : C2967512

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Ahmed Bassem Elaini MD

Mailing Address PO Box 54

City	State	Zip Code
Andover	MA	01810-0001

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

Name of Employer	Occupation
Massachusetts General Hospital	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : C2982171

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	536.00
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 37 OF 148
	<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. Paul H Ellenbogen
Full Name (Last, First, Middle Initial)

Mailing Address 4240 Prescott Ave Apt 7E

City Dallas State TX Zip Code 75219-2392

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 ▼ **625.02**

Date of Receipt **03 / 16 / 2015**

Transaction ID : C2946424

Amount of Each Receipt this Period **208.34**

B. John Andy Ellzey
Full Name (Last, First, Middle Initial)

Mailing Address 219 Lagrange Creek Dr

City Eads State TN Zip Code 38028-8015

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

Name of Employer Baptist Memorial Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **03 / 04 / 2015**

Transaction ID : C2948384

Amount of Each Receipt this Period **336.00**

C. Robert E Epstein
Full Name (Last, First, Middle Initial)

Mailing Address 65 Updikes Mill Rd

City Belle Mead State NJ Zip Code 08502-5840

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 27 / 2015**

Transaction ID : C2985733

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	794.34
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:	PAGE 38 OF 148
	(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. Peter Thomas Evangelista
Full Name (Last, First, Middle Initial)

Mailing Address 24 Kayla Ricci Way

City Saunderstown State RI Zip Code 02874-1625

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982120

Amount of Each Receipt this Period 250.00

B. Kate A Feinstein
Full Name (Last, First, Middle Initial)

Mailing Address University of Chicago Medical Cent
5841 S Maryland Ave, MC 2026

City Chicago State IL Zip Code 60637-1470

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

Name of Employer University of Chicago Medicine Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2015
Transaction ID : C2946054

Amount of Each Receipt this Period 1000.00

C. Edgar Scott Ferguson
Full Name (Last, First, Middle Initial)

Mailing Address Outpatient Radiology Clinic
200 S Rhodes St Ste B

City West Memphis State AR Zip Code 72301-4212

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

Name of Employer Outpatient Radiology Clinic PA Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2015
Transaction ID : C2944391

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 39 OF 148
	<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. Emma Cathryn Ferguson

Mailing Address UT Houston Medical School
6431 Fannin St. MSB 2.116

City Houston State TX Zip Code 77030-1501

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

Name of Employer UT-Houston Medical School Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 12 / 2015
Transaction ID : C2946001

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 Lenox Place

City St. Louis State MO Zip Code 63108-1901

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

Name of Employer Washington University Medical School Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 12 / 2015
Transaction ID : C2946002

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Maurice Fitzpatrick

Mailing Address 151 Grayson Dr

City Belle Mead State NJ Zip Code 08502-4932

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

Name of Employer University Radiology Group Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 27 / 2015
Transaction ID : C2985734

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 148
	<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. Michael John Flaherty
 Full Name (Last, First, Middle Initial)
 Mailing Address Casper Medical Imaging
 419 S Washington St Ste 101
 City Casper State WY Zip Code 82609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Camelot Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : C2960589
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date 500.00

B. Daniel Edward Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 The Ter
 City Sea Girt State NJ Zip Code 08750-1614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985735
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

C. Cassandra Sue Foens
 Full Name (Last, First, Middle Initial)
 Mailing Address Covenant Cancer Treatment Ctr
 200 E Ridgeway Ave
 City Waterloo State IA Zip Code 50702-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Radiologists, PC Occupation Radiation Oncologist
 Receipt For: 2016 Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2015
Transaction ID : C2969167
 Amount of Each Receipt this Period
 2500.00
 Aggregate Year-to-Date 2500.00

SUBTOTAL of Receipts This Page (optional)..... 3250.00
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 148
	<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 Foley

Mailing Address 217 Echo Ledge Road

City State Zip Code
Woodstock VT 05091-9782

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

Name of Employer Occupation
Nashoba Radiology Group LLC Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015
Transaction ID : C2945301

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. David M Furie

Mailing Address 315 Arbutus Rd

City State Zip Code
Southern Pines NC 28387-6705

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

Name of Employer Occupation
Pinehurst Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015
Transaction ID : C2982374

Amount of Each Receipt this Period
480.00

Full Name (Last, First, Middle Initial)
C. George W Gallimore JR

Mailing Address Mid-South Imaging & Therapeutics
6305 Humphreys Blvd Ste 205

City State Zip Code
Memphis TN 38120-2379

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

Name of Employer Occupation
Mid South Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : C2948376

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1066.00

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 42 OF 148
	<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. Dewey Duane Garner JR
Full Name (Last, First, Middle Initial)

Mailing Address 2188 Johnson Rd

City Germantown State TN Zip Code 38139-3515

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

Name of Employer Mid-South Imaging and Therapeutics Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 04 / 2015
Transaction ID : C2948402

Amount of Each Receipt this Period
250.00

B. Richard A Geise
Full Name (Last, First, Middle Initial)

Mailing Address 18430 5th Ave N

City Plymouth State MN Zip Code 55447-3312

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

Name of Employer self Occupation Physicist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 19 / 2015
Transaction ID : C2955483

Amount of Each Receipt this Period
1000.00

C. Holly Cresho Gil
Full Name (Last, First, Middle Initial)

Mailing Address 17 Adams Point Rd

City Barrington State RI Zip Code 02806-5005

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982121

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 43 OF 148
(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

A. Wahid S Girgis
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Sulky Ln
 City Marlboro State NJ Zip Code 07746-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ-Robert Wood Johnson Hosp Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985736
 Amount of Each Receipt this Period
 250.00

B. Nicole L Glynn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2394 Riverside Ter
 City Manasquan State NJ Zip Code 08736-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985737
 Amount of Each Receipt this Period
 250.00

C. Richard Lawrence Gold
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Exchange St Unit 1216
 City Providence State RI Zip Code 02903-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982122
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 44 OF 148
	<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

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

Mailing Address 79 Richmond St

City State Zip Code
Dorchester Center MA 02124-5729

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2967513

Amount of Each Receipt this Period
100.00

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

Mailing Address 79 Richmond St

City State Zip Code
Dorchester Center MA 02124-5729

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982172

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Lauren Thomson Granata MD

Mailing Address 1317 Five Point Rd

City State Zip Code
Virginia Beach VA 23454-1930

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

Name of Employer Occupation
Medical Center Radiologists Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982448

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional).....▶	452.00
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 45 OF 148
	<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. David Justin Grand MD			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : C2982123		
Mailing Address 21 Westford Rd			Amount of Each Receipt this Period 250.00		
City Providence	State RI	Zip Code 02906-4943			
FEC ID number of contributing federal political committee. C					
Name of Employer Rhode Island Medical Imaging		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Edward Douglas Green MD			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2015 Transaction ID : C2940182		
Mailing Address 106 Windsong Cv			Amount of Each Receipt this Period 210.00		
City Ridgeland	State MS	Zip Code 39157-8736			
FEC ID number of contributing federal political committee. C					
Name of Employer University of Mississippi Medical Cent		Occupation Diagnostic Radiologist			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00			

Full Name (Last, First, Middle Initial) C. Robert L Green JR			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : C2981846		
Mailing Address 1527 Trents Meadow Rd			Amount of Each Receipt this Period 350.00		
City Lynchburg	State VA	Zip Code 24503-6566			
FEC ID number of contributing federal political committee. C					
Name of Employer Radiology Consultants of Lynchburg		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 46 OF 148
(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. Jeffrey J Greenberg

Mailing Address 35 Westland Rd

City State Zip Code
Weston MA 02493-1327

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

Name of Employer Occupation
Newton Wellesley Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945822

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Christopher Eric Gribbin

Mailing Address 163 Brookstone Drive

City State Zip Code
Princeton NJ 08540-2403

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

Name of Employer Occupation
University Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985738

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Soledad Ceballos Griffin

Mailing Address PO Box 2730

City State Zip Code
Southern Pines NC 28388-2730

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

Name of Employer Occupation
PO Box 2730 Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982375

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00

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 47 OF 148
	<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. Matthew Gromet
Full Name (Last, First, Middle Initial)

Mailing Address Charlotte Radiology PA
3030 Latrobe Dr

City Charlotte State NC Zip Code 28211-4866

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
03 / 13 / 2015
Transaction ID : **C2949842**

Amount of Each Receipt this Period
252.00

B. Laura Anne Grygotis
Full Name (Last, First, Middle Initial)

Mailing Address University Radiology Group
PO Box 1075

City East Brunswick State NJ Zip Code 08816-1075

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

Name of Employer University Radiology Group Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 27 / 2015
Transaction ID : **C2985739**

Amount of Each Receipt this Period
250.00

C. Julie Ann Gubernick
Full Name (Last, First, Middle Initial)

Mailing Address 1612 Heard Dr

City Maple Glen State PA Zip Code 19002-3161

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

Name of Employer Albert Einstein Medical Center Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 06 / 2015
Transaction ID : **C2944254**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 752.00

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 148
	<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. Shannon M Gulla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 Glenbuck Cv
 City Germantown State TN Zip Code 38139-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid South Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948400
 Amount of Each Receipt this Period
 336.00

B. Andrew Gyorke
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology LTD
 677 N Wilmot Rd
 City Tucson State AZ Zip Code 85711-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology LTD Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2950168
 Amount of Each Receipt this Period
 500.00

C. David K Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Homeview Ct
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SDMI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : C2944311
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	936.00
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 49 OF 148
(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. Richard A Haas

Mailing Address 405 Seaside Dr

City State Zip Code
 Jamestown RI 02835

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

Name of Employer Occupation
 Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982124

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Harry K Hajedemos

Mailing Address 3 Roberts St

City State Zip Code
 West Haven CT 06516-7239

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

Name of Employer Occupation
 Midstate Radiology Associates, LLC Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : C2960714

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. James A Hall JR

Mailing Address 407 Third Ave

City State Zip Code
 Farmville VA 23901-1911

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

Name of Employer Occupation
 Radiology Consultants of Lynchburg Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2981845

Amount of Each Receipt this Period
 350.00

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: PAGE 50 OF 148
(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. Glenn M Hammer

Mailing Address 2916 Old Orchard Rd NE

City Cedar Rapids State IA Zip Code 52402-6802

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

Name of Employer Radiology Consultants of Iowa, PLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2948657

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Olin L Harbury

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City Charlotte State NC Zip Code 28211-4867

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

Name of Employer Mercy Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2949843

Amount of Each Receipt this Period
252.00

Full Name (Last, First, Middle Initial)
C. John Thomas Harrigan

Mailing Address 69 Harvard Ave

City Point Pleasant Beach State NJ Zip Code 08742-2675

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

Name of Employer Jersey Shore Radiology Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2985740

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **752.00**

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 51 OF 148
	(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. Jennifer A Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 2449 Holkham Dr

City Charlottesville State VA Zip Code 22901-9531

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

Name of Employer University of Virginia Health System Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2946000

Amount of Each Receipt this Period
 365.00

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

Mailing Address 130 Woodlawn Ave

City Decatur State GA Zip Code 30030-2309

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 ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2962613

Amount of Each Receipt this Period
 210.00

C. Terrance T Healey MD
Full Name (Last, First, Middle Initial)

Mailing Address 88 Amy Dr

City Cranston State RI Zip Code 02921-1704

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982125

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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 52 OF 148
(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. Scott Andrew Hees

Mailing Address 119 Saint Mellions

City State Zip Code
 Pinehurst NC 28374-8104

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

Name of Employer Occupation
 Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949844

Amount of Each Receipt this Period
 252.00

Full Name (Last, First, Middle Initial)
B. Alejandro Marcelo Heffess

Mailing Address 75 Centre Street

City State Zip Code
 Brookline MA 02446

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

Name of Employer Occupation
 Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2948409

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
C. Timothy Hellewell

Mailing Address 1515 Parkland Dr

City State Zip Code
 Lynchburg VA 24503-2414

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

Name of Employer Occupation
 Radiology Consultants of Lynchburg Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2981842

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1002.00**

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 53 OF 148
	<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. Laura S Hemann
Full Name (Last, First, Middle Initial)

Mailing Address 6815 Spring Grove Ct NE

City Cedar Rapids State IA Zip Code 52411-7652

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2948659

Amount of Each Receipt this Period 250.00

B. Thaddeus W Herliczek MD
Full Name (Last, First, Middle Initial)

Mailing Address 14 Winterberry Ln

City Westport State MA Zip Code 02790-2638

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982126

Amount of Each Receipt this Period 500.00

c. Marta Hernanz-Schulman
Full Name (Last, First, Middle Initial)

Mailing Address Vanderbilt Children's Hosp
2200 Childrens Way Rm 1418

City Nashville State TN Zip Code 37232-0005

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

Name of Employer Vanderbilt University Medical Center Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2015
Transaction ID : C2959236

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 54 OF 148
	<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. Kevin Oliver Hicks		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : C2981678
Mailing Address 4709 John Scott Dr		Amount of Each Receipt this Period 350.00
City Lynchburg	State VA	Zip Code 24503-1003
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants of Lynchburg	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. David J Hilger		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : C2950308
Mailing Address Methodist Hospital 8303 Dodge Street		Amount of Each Receipt this Period 250.00
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C		
Name of Employer Radiologic Center, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mary M Hillstrom		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : C2982127
Mailing Address 5 Whitney Dr		Amount of Each Receipt this Period 250.00
City Lincoln	State RI	Zip Code 02865-4639
FEC ID number of contributing federal political committee. C		
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 55 OF 148
	<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. Lee Eric Hoagland MD
Full Name (Last, First, Middle Initial)

Mailing Address 5922 Cyrpress Pointe Dr

City Newburgh State IN Zip Code 47630-9844

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

Name of Employer Evansville Radiology, PC Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 06 / 2015
Transaction ID : C2944238

Amount of Each Receipt this Period 85.00

B. John Michael Holbert
Full Name (Last, First, Middle Initial)

Mailing Address 5404 Garden Lake Dr Apt 2F

City Greensboro State NC Zip Code 27410

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

Name of Employer Wake Forest University Health Sciences Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2966479

Amount of Each Receipt this Period 250.00

C. Stephanie P Holz MD
Full Name (Last, First, Middle Initial)

Mailing Address 12963 Blalock Dr

City Fishers State IN Zip Code 46037-7701

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

Name of Employer Indiana University Health Physicians R Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2970599

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1335.00

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 148
	<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. Randy Joseph Horras

Mailing Address 6545 Espalier Cir

City Memphis State TN Zip Code 38119-6648

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

Name of Employer Baptist Mem Hosp-Univ of TN, Mem Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **03 / 04 / 2015**

Transaction ID : C2948383

Amount of Each Receipt this Period **333.36**

Full Name (Last, First, Middle Initial)
B. Brian Adrian Howard

Mailing Address 6632 Summer Darby Lane

City Charlotte State NC Zip Code 28270-2811

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : C2949846

Amount of Each Receipt this Period **252.00**

Full Name (Last, First, Middle Initial)
C. John Dale Howard

Mailing Address Charlotte Radiology PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : C2949847

Amount of Each Receipt this Period **252.00**

SUBTOTAL of Receipts This Page (optional)..... **837.36**

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 148
	<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. William Bradford Hudgins		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : C2982376
Mailing Address 135 Eagle Point Ln		Amount of Each Receipt this Period 480.00
City Southern Pines	State NC	Zip Code 28387-2989
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Jason D Iannuccilli MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : C2982128
Mailing Address 5 Cole Cir		Amount of Each Receipt this Period 250.00
City East Greenwich	State RI	Zip Code 02818-2444
FEC ID number of contributing federal political committee. C		
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ann Ignacio		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2015 Transaction ID : C2946205
Mailing Address 71 Kamaiki Cir		Amount of Each Receipt this Period 100.00
City Kahului	State HI	Zip Code 96732-3153
FEC ID number of contributing federal political committee. C		
Name of Employer George Washington Med Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	830.00
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 58 OF 148
(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. Lindsey W Inouye

Mailing Address 6030 N Desert Sun Ct

City Tucson State AZ Zip Code 85750-0925

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

Name of Employer Radiology Ltd Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2950206

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Roberta L Jackson

Mailing Address Medford Radiological Group
842 E Main St

City Medford State OR Zip Code 97504-7155

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

Name of Employer Medford Radiological Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : C2950021

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Bryan S Jay MD

Mailing Address 9 Harbour Rd

City Barrington State RI Zip Code 02806-4410

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2015**

Transaction ID : C2982129

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **1250.00**

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 59 OF 148
	(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. Mahesh Vaidya Jayaraman MD
Full Name (Last, First, Middle Initial)

Mailing Address 4 Kingsbury Ln

City Foxboro State MA Zip Code 02035-3206

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982130

Amount of Each Receipt this Period
250.00

B. David Todd Jeck
Full Name (Last, First, Middle Initial)

Mailing Address 6191 N. Canon Del Pajaro

City Tucson State AZ Zip Code 85750

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

Name of Employer Radiology Ltd Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 12 / 2015
Transaction ID : C2950207

Amount of Each Receipt this Period
500.00

C. Lester Skolfield Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1021 Downshire Chase

City Virginia Beach State VA Zip Code 23452-6154

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
03 / 31 / 2015
Transaction ID : C2982449

Amount of Each Receipt this Period
249.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 999.99

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 60 OF 148
(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. Peter Anthony S Johnstone

Mailing Address 810 Taray de Avila

City Tampa State FL Zip Code 33613

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

Name of Employer Moffitt Cancer Center Occupation Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 22 / 2015**

Transaction ID : C2959263

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Austin L Jones DO

Mailing Address 241 NW 66th Rd

City Clinton State MO Zip Code 64735-8917

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

Name of Employer Golden Valley Memorial Healthcare Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 02 / 2015**

Transaction ID : C2941303

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Lawrence S Kaskowitz

Mailing Address Radiology Ltd
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

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

Name of Employer Radiology, LTD Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2950208

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**

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 61 OF 148
(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. Bindu Kaul

Mailing Address 114 Glendale Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Montefiore Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2957294

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Irwin A Keller

Mailing Address 27 Darby Rd

City State Zip Code
East Brunswick NJ 08816-3411

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

Name of Employer Occupation
University Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985741

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Michael J Kelley

Mailing Address 2500 Maynard Rd

City State Zip Code
Charlotte NC 28270-0754

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949848

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 752.00

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 62 OF 148
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	<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. Russell A Kelley

Mailing Address **PO Box 585**

City **Norwell** State **MA** Zip Code **02061-0585**

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 ▼ **300.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	5

Transaction ID : C2967514

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

100.00

Full Name (Last, First, Middle Initial)
B. Russell A Kelley

Mailing Address **PO Box 585**

City **Norwell** State **MA** Zip Code **02061-0585**

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 ▼ **300.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	5

Transaction ID : C2982173

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

100.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Scott Kempf

Mailing Address **4 Snowbird Ct**

City **Princeton Junction** State **NJ** Zip Code **08550**

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

Name of Employer **University Radiology Group** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	1	5

Transaction ID : C2985742

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0

250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 63 OF 148
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	<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. Eugene C Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 141 Blackburn Rd

City Summit State NJ Zip Code 07901-2301

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : C2985743

Amount of Each Receipt this Period
 250.00

B. Scott Reed Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 821 Tanglewood Dr NE

City Concord State NC Zip Code 28025-2581

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

Name of Employer Cabarrus Radiologists PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : C2949849

Amount of Each Receipt this Period
 252.00

C. Hanan Ibrahim Khalil
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Medical Imaging Inc
20 Catamore Blvd

City East Providence State RI Zip Code 02914-1204

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

Name of Employer Bridgeport Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : C2982131

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	752.00
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 64 OF 148
	<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. Leila Khorashadi MD

Mailing Address 26 Oakley Rd

City Watertown State MA Zip Code 02472-1307

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

Name of Employer Schatzki Associates Inc. Occupation Individual

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2948413

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Francine M Kim

Mailing Address 6627 Vista Del Mar Apt 1

City Playa Del Rey State CA Zip Code 90293-6500

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

Name of Employer Children's Hospital Rad. Foundation Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2949982

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Yoonah Kim

Mailing Address 3305 Kline Dr.

City Virginia Beach State VA Zip Code 23452-6230

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982450

Amount of Each Receipt this Period
249.99

SUBTOTAL of Receipts This Page (optional).....▶	1149.99
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 65 OF 148
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Amy Briana Kirby MD

Mailing Address 14708 Hollyhock Dr

City State Zip Code
Oklahoma City OK 73142-1804

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

Name of Employer Occupation
Eagle Eye Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 02 / 2015
Transaction ID : C2941014

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Eric Glenn Kline

Mailing Address 113 Nationwide Drive

City State Zip Code
Lynchburg VA 24502

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

Name of Employer Occupation
Radiology Consultants of Lynchburg, In Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 27 / 2015
Transaction ID : C2981682

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Susan Lyn Koelliker

Mailing Address 5 Lighthouse Ln

City State Zip Code
Barrington RI 02806-2829

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982132

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 685.00

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

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

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FOR LINE NUMBER: PAGE 66 OF 148
(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. Ronald Kolber

Mailing Address 20 Adams St

City State Zip Code
Morganville NJ 07751-1044

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

Name of Employer Occupation
University Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985744

Amount of Each Receipt this Period
250.00

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

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code
Lancaster PA 17601-5762

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2967531

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Peter E Kravath

Mailing Address 2137 Dilworth Rd E

City State Zip Code
Charlotte NC 28203-5727

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949850

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 602.00

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 67 OF 148
(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. Richard L Kundel

Mailing Address PO Box 10112

City Cedar Rapids State IA Zip Code 52410-0112

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2948661

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Philip S Lakritz

Mailing Address 3 Tranquility Ct

City Holmdel State NJ Zip Code 07733-2413

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

Name of Employer University Radiology Group Occupation Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2985745

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Paul A Larson

Mailing Address 110 Stoney Beach Rd

City Oshkosh State WI Zip Code 54902-7243

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

Name of Employer Radiology Associates of Fox Valley Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2949980

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3000.00**

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 68 OF 148
	(check only one)	
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		<input type="checkbox"/> 17

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

A. Fred Darden Lassiter
Full Name (Last, First, Middle Initial)

Mailing Address 3115 Pontifex Court

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : C2949851

Amount of Each Receipt this Period

252.00

B. Elizabeth Lazarus
Full Name (Last, First, Middle Initial)

Mailing Address 9 Half Mile Rd

City Barrington	State RI	Zip Code 02806-4113
--------------------	-------------	------------------------

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

Name of Employer Rhode Island Hospital	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : C2982134

Amount of Each Receipt this Period

250.00

C. Christina A LeBedis MD
Full Name (Last, First, Middle Initial)

Mailing Address 33 Old Farm Road

City Newton	State MA	Zip Code 02459-3434
----------------	-------------	------------------------

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

Name of Employer Boston University Medical Center	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : C2958514

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	752.00
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 69 OF 148
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Yaron Lebovitz
Full Name (Last, First, Middle Initial)

Mailing Address 483 Cranbury Road

City East Brunswick State NJ Zip Code 08816

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

Name of Employer University Radiology Group Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : C2985796

Amount of Each Receipt this Period
 250.00

B. John Anthony Lee
Full Name (Last, First, Middle Initial)

Mailing Address 6011 N Campo Abierto

City Tucson State AZ Zip Code 85718

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

Name of Employer Radiology Ltd Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : C2950209

Amount of Each Receipt this Period
 500.00

c. Mark H LeQuire
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Myrtlewood Dr

City Montgomery State AL Zip Code 36111-1003

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

Name of Employer Montgomery Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : C2941908

Amount of Each Receipt this Period
 250.00

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:	PAGE 70 OF 148
	(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. Paul Albert Leslie

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : C2967532

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Calvin Thomas Leuschen

Mailing Address 105 Palo Alto

City Boerne State TX Zip Code 78006-5999

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

Name of Employer U TX Hlth Sci Ctr at San Antonio Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : C2970420

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Deborah Levine

Mailing Address 147 Sherburn Circle

City Weston State MA Zip Code 02493

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

Name of Employer HMFP Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : C2940161

Amount of Each Receipt this Period
1000.00

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 71 OF 148
	<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. Scott M Levine
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4923

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : **C2982135**

Amount of Each Receipt this Period
250.00

B. Myron Levitt
Full Name (Last, First, Middle Initial)

Mailing Address 3 Rambling Dr

City Scotch Plains State NJ Zip Code 07076-2956

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

Name of Employer Univ Radiology Grp, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 27 / 2015
Transaction ID : **C2985797**

Amount of Each Receipt this Period
250.00

C. Elaine Renee Lewis
Full Name (Last, First, Middle Initial)

Mailing Address Reading Hospital & Medical Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

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

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 14 / 2015
Transaction ID : **C2946199**

Amount of Each Receipt this Period
500.00

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: PAGE 72 OF 148
(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. Errol Lewis

Mailing Address 6367 S Massey Hill Dr

City State Zip Code
Memphis TN 38120-1407

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

Name of Employer Occupation
Mid-South Imaging & Therapeuti Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948386

Amount of Each Receipt this Period
336.00

Full Name (Last, First, Middle Initial)
B. Madelene C Lewis MD

Mailing Address 105 N Shelmore Blvd

City State Zip Code
Mount Pleasant SC 29464-2698

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

Name of Employer Occupation
Medical University of South Carolina Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : C2944210

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Craig Laurence Lipman

Mailing Address 10229 Poston Oak Cv

City State Zip Code
Collierville TN 38017-8815

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

Name of Employer Occupation
Mid-South Imag & Therapeutics Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948396

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1672.00

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 73 OF 148
	<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 H Lohnes JR
Full Name (Last, First, Middle Initial)

Mailing Address Wichita Radiological Group PA
PO Box 8903

City State Zip Code
Wichita KS 67208-0903

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

Name of Employer Occupation
Wichita Radiological Group PA Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 02 / 2015
Transaction ID : C2941015

Amount of Each Receipt this Period
250.00

B. Ana P Lourenco MD
Full Name (Last, First, Middle Initial)

Mailing Address 7 Weston Ave

City State Zip Code
Foxboro MA 02035-1863

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982136

Amount of Each Receipt this Period
250.00

C. William Bruce Lowry
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Mistletoe Dr

City State Zip Code
Fort Worth TX 76110-1017

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

Name of Employer Occupation
Radiology Associates of North Texas Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 27 / 2015
Transaction ID : C2968765

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 74 OF 148
	<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. Jennifer Lyn Lynch

Mailing Address 154 Forest Ave

City Cohasset State MA Zip Code 02025-1340

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : C2967515

Amount of Each Receipt this Period
100.00

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

Mailing Address 154 Forest Ave

City Cohasset State MA Zip Code 02025-1340

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982174

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. James Elliott Machin

Mailing Address Mid-South Imaging & Therapeutics
6305 Humphreys Blvd Ste 205

City Memphis State TN Zip Code 38120-2379

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

Name of Employer Mid-South Imaging & Ther Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : C2948377

Amount of Each Receipt this Period
666.64

SUBTOTAL of Receipts This Page (optional)..... **866.64**

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 75 OF 148
(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. Hubert Lynn Magill

Mailing Address 2768 Oakleigh Ln

City State Zip Code
Germantown TN 38138-7316

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

Name of Employer Occupation
Division of Nuclear Medicine Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948388

Amount of Each Receipt this Period
336.00

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

Mailing Address South Shore Hospital
55 Fogg Rd

City State Zip Code
South Weymouth MA 02190-2432

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2967516

Amount of Each Receipt this Period
100.00

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

Mailing Address South Shore Hospital
55 Fogg Rd

City State Zip Code
South Weymouth MA 02190-2432

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982175

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 536.00

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 76 OF 148
	<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. Martha B Mainiero		Date of Receipt
Mailing Address Rhode Island Hospital 593 Eddy St		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City Providence	State RI	Zip Code 02903-4923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2982137
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Edward Bernard Marianacci		Date of Receipt
Mailing Address 177 Walnut St		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Newton	State MA	Zip Code 02460-1601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2948411
Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Lawrence W Martin II		Date of Receipt
Mailing Address 30 Memorial Dr		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Pinehurst	State NC	Zip Code 28374-8707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2982377
Name of Employer Pinehurst Radiology	Occupation Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="480.00"/>
	<input type="text" value="480.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1130.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 148
	<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. Patricia Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1759 Creek View Drive

City Fogelsville	State PA	Zip Code 18051-1716
---------------------	-------------	------------------------

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

Name of Employer Medical Imaging of Lehigh Valley	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : C2957235

Amount of Each Receipt this Period
250.00

B. W Jean Matchett
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7569

City Little Rock	State AR	Zip Code 72217-7569
---------------------	-------------	------------------------

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

Name of Employer Radiology Associates, PA	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : C2947455

Amount of Each Receipt this Period
250.00

C. Carolyn Heri Maynor
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Morganton Rd Apt Y79

City Pinehurst	State NC	Zip Code 28374-6606
-------------------	-------------	------------------------

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

Name of Employer Scotland Memorial Hospital	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : C2982378

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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 78 OF 148
	<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 Lynn McAnally MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 842 E Main St
 City Medford State OR Zip Code 97504-7134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medford Radiological Group PC Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2949985
 Amount of Each Receipt this Period
 500.00

B. Joshua M McDonald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2448 Dempster Dr
 City Coralville State IA Zip Code 52241-9715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : C2945750
 Amount of Each Receipt this Period
 1000.00

c. Joseph C McGinley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5910 S Cedar St
 City Casper State WY Zip Code 82601-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : C2960596
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 79 OF 148
	<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

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

Mailing Address **Charlotte Radiology PA**
PO Box 36937

City **Charlotte** State **NC** Zip Code **28236-6937**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2949852

Amount of Each Receipt this Period
252.00

Full Name (Last, First, Middle Initial)
B. Susan E McKenzie

Mailing Address **Medical Center Rads Inc**
5544 Greenwich Rd Ste 200

City **Virginia Beach** State **VA** Zip Code **23462-6563**

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

Name of Employer **Medical Center Radiologists, I** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982452

Amount of Each Receipt this Period
249.99

Full Name (Last, First, Middle Initial)
C. Alan J McLeod

Mailing Address **6377 Blue Heron Cove**

City **Memphis** State **TN** Zip Code **38120-3216**

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

Name of Employer **Baptist Memorial Hospital** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : C2948389

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional).....▶	837.99
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 148
	<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. Shaun Patrick McManimon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : C2950210
Mailing Address Radiology LTD 677 N Wilmot Rd		Amount of Each Receipt this Period 500.00
City Tucson	State AZ	
Zip Code 85711-2701		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology LTD	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jody M Melendez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : C2985798
Mailing Address PO Box 1446		Amount of Each Receipt this Period 250.00
City Fraser	State CO	
Zip Code 80442-1446		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer University Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Duane G Mezwa		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2015 Transaction ID : C2946465
Mailing Address 3250 Quail Ridge Cir		Amount of Each Receipt this Period 1000.00
City Rochester Hills	State MI	
Zip Code 48309-2728		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer William Beaumont Hospital	Occupation Diagnostic Radiologist	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 81 OF 148
(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. Steven L Miller

Mailing Address 23 Moffat Rd

City State Zip Code
Waban MA 02468-1112

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

Name of Employer Occupation
Newton Wellesley Hosp Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : C2944237

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert J Min

Mailing Address 525 E 68th St

City State Zip Code
New York NY 10065-4870

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

Name of Employer Occupation
Weill Cornell Medical College Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2945991

Amount of Each Receipt this Period
500.00

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

Mailing Address 20 Lawrence St

City State Zip Code
Boston MA 02116-6211

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

Name of Employer Occupation
South Shore Radiology Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2967517

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 82 OF 148
	<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. Slobodan Miseljic
Full Name (Last, First, Middle Initial)

Mailing Address 20 Lawrence St

City Boston State MA Zip Code 02116-6211

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982176

Amount of Each Receipt this Period
100.00

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

Mailing Address 4733 Coburn Court

City Charlotte State NC Zip Code 28277-2593

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C2949853

Amount of Each Receipt this Period
252.00

C. Lacey F Moore MD
Full Name (Last, First, Middle Initial)

Mailing Address 106 Muirfield Pl

City Pinehurst State NC Zip Code 28374-8958

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

Name of Employer Pinehurst Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982379

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional).....▶	832.00
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 83 OF 148
(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. Ellen B Morris

Mailing Address 10 Eagle Dr

City State Zip Code
Canton MA 02021-1573

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2967518

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Ellen B Morris

Mailing Address 10 Eagle Dr

City State Zip Code
Canton MA 02021-1573

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982177

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Stephen David Morris

Mailing Address Mid-South Imaging & Therapeutics
6305 Humphreys Blvd Ste 205

City State Zip Code
Memphis TN 38120-2379

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

Name of Employer Occupation
Mid South Imaging Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948397

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.00

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 148
	<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. Demetrius Konstantine Morros
Full Name (Last, First, Middle Initial)

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 05 / 2015
Transaction ID : C2942060

Amount of Each Receipt this Period 83.34

B. Issam F Moubarak
Full Name (Last, First, Middle Initial)

Mailing Address 26 Harvest Moon Ln

City Belle Mead State NJ Zip Code 08502-5135

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2985799

Amount of Each Receipt this Period 250.00

C. Jonathan S Movson
Full Name (Last, First, Middle Initial)

Mailing Address 381 Wayland Ave

City Providence State RI Zip Code 02906-4667

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982138

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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 85 OF 148
	<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. Brian L Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 81 Mathewson Rd

City Barrington State RI Zip Code 02806-4429

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

Name of Employer RIMI Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982139

Amount of Each Receipt this Period 250.00

B. Timothy Craig Nauert
Full Name (Last, First, Middle Initial)

Mailing Address Mid-South Imaging & Therapeutics
6305 Humphreys Blvd Ste 205

City Memphis State TN Zip Code 38120-2379

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

Name of Employer Mid-South Imag & Therapeutics Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 03 / 04 / 2015
Transaction ID : C2948387

Amount of Each Receipt this Period 336.00

C. Gary S Needell
Full Name (Last, First, Middle Initial)

Mailing Address 1 Spring St Unit 2002

City New Brunswick State NJ Zip Code 08901-2969

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

Name of Employer Radiology Group of New Brunswick PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2985800

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	836.00
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 86 OF 148
(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

A. David Paul Neumann
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Pardons Wood Ln
 City East Greenwich State RI Zip Code 02818-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982140
 Amount of Each Receipt this Period
 250.00

B. Richard L Newton
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 113 Nationwide dr
 City Lynchburg State VA Zip Code 24502-4272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2981843
 Amount of Each Receipt this Period
 350.00

C. Carlevato Nicholas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7410 Bryan Canyon Rd
 City Washoe Valley State NV Zip Code 89704-9588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tahoe Carson Radiology Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2967442
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 87 OF 148
	<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. Arthur W Noel
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Medical Imaging Inc
20 Catamore Blvd

City East Providence State RI Zip Code 02914-1204

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982141

Amount of Each Receipt this Period
250.00

B. Richard B Noto
Full Name (Last, First, Middle Initial)

Mailing Address 1 Ferncliffe Rd

City Barrington State RI Zip Code 02806-4017

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982142

Amount of Each Receipt this Period
250.00

C. Daniel J O'Shea
Full Name (Last, First, Middle Initial)

Mailing Address W Reading Radiology Assoc
301 S 7th Ave Ste 135

City Reading State PA Zip Code 19612-6052

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

Name of Employer west reading radiology associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : C2970068

Amount of Each Receipt this Period
500.00

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 148
	<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 H Oliver III
Full Name (Last, First, Middle Initial)

Mailing Address 4015 Winterberry Pl

City Charlotte	State NC	Zip Code 28210-7329
-------------------	-------------	------------------------

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

Name of Employer Charlotte Radiology, P.A.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : C2949854

Amount of Each Receipt this Period
252.00

B. Robert J Optican
Full Name (Last, First, Middle Initial)

Mailing Address 9270 Gwynn Hollow Cv

City Germantown	State TN	Zip Code 38139-5687
--------------------	-------------	------------------------

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

Name of Employer Mid South Imaging	Occupation Radiologist
---------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

Transaction ID : C2948393

Amount of Each Receipt this Period
336.00

C. James W Owen III
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SW Mission Ave

City Topeka	State KS	Zip Code 66610-9405
----------------	-------------	------------------------

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

Name of Employer Radiology and Nuclear Medicine, LLC	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : C2949987

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1088.00
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 89 OF 148
(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. Rodney S Owen

Mailing Address 9122 N 60th St

City Paradise Valley State AZ Zip Code 85253-1735

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : C2987387

Amount of Each Receipt this Period
270.00

Full Name (Last, First, Middle Initial)
B. Virginia S Owen

Mailing Address 620 Bray Station Rd

City Collierville State TN Zip Code 38017-3266

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

Name of Employer Mid-South Imag & Therapeutics Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : C2948394

Amount of Each Receipt this Period
336.00

Full Name (Last, First, Middle Initial)
C. Salil P Parikh

Mailing Address 9477 Johnson Rd Ext

City Germantown State TN Zip Code 38139-3603

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

Name of Employer Memphis Radiological PC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : C2956336

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **856.00**

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 90 OF 148
	<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. Ranganathan Parthasarathy		Date of Receipt
Mailing Address 9725 Legends Dr		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Germantown	TN	38139-6969
FEC ID number of contributing federal political committee.		Transaction ID : C2948381
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="336.00"/>
Name of Employer	Occupation	
Mid South Imaging	Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lina Famiglietti Paster		Date of Receipt
Mailing Address University Radiology Group 579A Cranbury Rd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Brunswick	NJ	08816-5426
FEC ID number of contributing federal political committee.		Transaction ID : C2985801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
University Radiology Group	Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Divyesh Gaju Patel MD		Date of Receipt
Mailing Address 1143 Treadway Rd		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Munster	IN	46321-2856
FEC ID number of contributing federal political committee.		Transaction ID : C2986337
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Radiologic Associates of Northwest Ind	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="686.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 91 OF 148
	<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 R Pennes
Full Name (Last, First, Middle Initial)

Mailing Address 2059 E Wyndham Hill Dr NE Apt 303

City Grand Rapids State MI Zip Code 49505-6358

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

Name of Employer Advanced Radiology Services Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2949981

Amount of Each Receipt this Period 1000.00

B. Mark S Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 6100 N Canon del Pajaro

City Tucson State AZ Zip Code 85750-1362

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

Name of Employer Radiology Ltd Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2950232

Amount of Each Receipt this Period 500.00

C. John Albert Pezzullo
Full Name (Last, First, Middle Initial)

Mailing Address 175 Downing Dr

City Johnston State RI Zip Code 02919-6441

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982143

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 92 OF 148
	<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. Marcelle L Piccoello
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Medical Imaging
PO Box 14717

City East Providence State RI Zip Code 02914-0717

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982144

Amount of Each Receipt this Period 250.00

B. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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 ▼ 210.00

Date of Receipt 03 / 05 / 2015
Transaction ID : C2967476

Amount of Each Receipt this Period 30.00

C. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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 ▼ 210.00

Date of Receipt 03 / 19 / 2015
Transaction ID : C2967503

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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 93 OF 148
	(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. Sean Donovan Pierce
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City	State	Zip Code
Long Island City	NY	11101-5604

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 ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : C2981973

Amount of Each Receipt this Period

500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
									300.00

B. Marvin Platt
Full Name (Last, First, Middle Initial)

Mailing Address 800 Palisade Ave Unit 23F

City	State	Zip Code
Fort Lee	NJ	07024-4111

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

Name of Employer	Occupation
Univ Radiology Grp, P.C.	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : C2985802

Amount of Each Receipt this Period

500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
									250.00

C. Thomas Bernard Poulton
Full Name (Last, First, Middle Initial)

Mailing Address Aultman Hospital
2600 6th St SW

City	State	Zip Code
Canton	OH	44710-1799

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

Name of Employer	Occupation
Aultman Hospital	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2015

Transaction ID : C2959264

Amount of Each Receipt this Period

500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
									250.00

SUBTOTAL of Receipts This Page (optional).....	530.00
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 94 OF 148
	<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 60 Charlotte Rd
City Newton State MA Zip Code 02459-1708
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 **300.00**

Date of Receipt **03 / 03 / 2015**
Transaction ID : C2967519
Amount of Each Receipt this Period **100.00**

B. Ori Preis MD
Full Name (Last, First, Middle Initial)
Mailing Address 60 Charlotte Rd
City Newton State MA Zip Code 02459-1708
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 **300.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2982178
Amount of Each Receipt this Period **100.00**

C. Nancy C Prendergast
Full Name (Last, First, Middle Initial)
Mailing Address 1310 Prospect St
City Westfield State NJ Zip Code 07090-4229
FEC ID number of contributing federal political committee. **C**
Name of Employer University Radiology Group Occupation Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2015**
Transaction ID : C2985803
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **450.00**
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 95 OF 148
	<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. Ethan A Prince MD
Full Name (Last, First, Middle Initial)

Mailing Address 172 Wheeler Ave

City Cranston State RI Zip Code 02905-2710

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

Name of Employer Rhode Island Medical Imaging Occupation Interventional Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015
Transaction ID : C2982145

Amount of Each Receipt this Period 250.00

B. Traci Pritchard
Full Name (Last, First, Middle Initial)

Mailing Address 8549 N 84th PI Apt 24

City Scottsdale State AZ Zip Code 85258-2401

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

Name of Employer Pritchard PLLC Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2970614

Amount of Each Receipt this Period 1000.00

C. Sunil Kumar Ram
Full Name (Last, First, Middle Initial)

Mailing Address 12455 N 118th Way

City Scottsdale State AZ Zip Code 85259-2718

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2015
Transaction ID : C2987389

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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 96 OF 148
(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. Lorenz T Ramseyer

Mailing Address 11600 W Longhorn Trl

City State Zip Code
 Drummond OK 73735-1099

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

Name of Employer Occupation
 Radiology Associates of Enid Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2964846

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Robert F Rauch II

Mailing Address 6110 N Paseo Zaldivar

City State Zip Code
 Tucson AZ 85750-1294

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

Name of Employer Occupation
 Radiology Ltd Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2950236

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Richard D Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
 Charlotte NC 28277-4546

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

Name of Employer Occupation
 Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949856

Amount of Each Receipt this Period
 252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1752.00**

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 148
	<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. Ralph Lee Reichle
Full Name (Last, First, Middle Initial)

Mailing Address 259 Independence Rd

City State Zip Code
Concord MA 01742-2655

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

Name of Employer Occupation
Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015
Transaction ID : C2948408

Amount of Each Receipt this Period
400.00

B. Leonard Barocas Resnikoff
Full Name (Last, First, Middle Initial)

Mailing Address 356 Wychwood Rd

City State Zip Code
Westfield NJ 07090-1950

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

Name of Employer Occupation
University Radiology Group Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015
Transaction ID : C2985804

Amount of Each Receipt this Period
250.00

C. Mark S Ridlen
Full Name (Last, First, Middle Initial)

Mailing Address 50 Park Row W Apt 818

City State Zip Code
Providence RI 02903-1151

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2015
Transaction ID : C2982146

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 98 OF 148
	<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. Donald J Roach

Mailing Address 10978 N Poinsettia Dr

City Tucson State AZ Zip Code 85737-6507

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

Name of Employer Radiology LTD Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2950270

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. John P Roberson

Mailing Address 428 Meyer Farm Dr

City Pinehurst State NC Zip Code 28374-6972

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

Name of Employer Pinehurst Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : C2982380

Amount of Each Receipt this Period **480.00**

Full Name (Last, First, Middle Initial)
C. Anne C Roberts

Mailing Address UCSD Med Ctr Thornton Hospital
9300 Campus Point Dr

City La Jolla State CA Zip Code 92037-1398

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

Name of Employer UCSD Medical Center Occupation interventional radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 11 / 2015**

Transaction ID : C2945896

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1980.00**

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 148
<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 M Rogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Pheasant Dr
 City East Greenwich State RI Zip Code 02818-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2982147
 Amount of Each Receipt this Period
 250.00

B. Philip Arthur Rogoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Rogers Rd
 City Carlisle State MA Zip Code 01741-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates Occupation Interventional Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2948406
 Amount of Each Receipt this Period
 400.00

c. Philip Arthur Rogoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Rogers Rd
 City Carlisle State MA Zip Code 01741-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates Occupation Interventional Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2966753
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 100 OF 148
(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. Donald F Romanelli

Mailing Address 31 Smith Pl

City State Zip Code
Cambridge MA 02138-1007

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

Name of Employer Occupation
Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2948416

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Michael Anthony Romeo DO

Mailing Address 1168 Reading Blvd

City State Zip Code
Wyomissing PA 19610-2274

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

Name of Employer Occupation
West Reading Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969181

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Eyal Ron

Mailing Address 325 Southridge Dr

City State Zip Code
Oak Park CA 91377-3844

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

Name of Employer Occupation
University Radiology Group Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985805

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 101 OF 148
(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

A. Seth A Rosenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 5004 Runway Drive
 City State Zip Code
 Fair Oaks CA 95628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946144
 Amount of Each Receipt this Period
 1000.00

B. Sudipta Roychowdhury
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Petty Rd
 City State Zip Code
 Cranbury NJ 08512-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985806
 Amount of Each Receipt this Period
 250.00

C. Robert D Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1475 Fairfield Bech Rd
 City State Zip Code
 Fairfield CT 06824-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Russo Radiology Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2945298
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 148
	<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. Michael L Sachenik		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 Transaction ID : C2969180
Mailing Address 1 Vireo Dr		Amount of Each Receipt this Period 750.00
City Wyomissing	State PA	Zip Code 19610-2829
FEC ID number of contributing federal political committee. C	Name of Employer West Reading Radiology Associates	Occupation Diagnostic Radiologist
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Salim Samuel		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : C2985807
Mailing Address 17 Bates Way		Amount of Each Receipt this Period 250.00
City Westfield	State NJ	Zip Code 07090-3411
FEC ID number of contributing federal political committee. C	Name of Employer Brigham & Women's Hospital	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Paul Samuels		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : C2985808
Mailing Address 9766 Verree Rd		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19115-1921
FEC ID number of contributing federal political committee. C	Name of Employer UMDNJ-New Jersey Medical School	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 103 OF 148
	<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. Arthur D Sandy

Mailing Address 2136 Peacock Lane

City Birmingham State AL Zip Code 35223-1708

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 ▼ **300.00**

Date of Receipt **03 / 27 / 2015**

Transaction ID : C2967569

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Jacques Pierre Sasson

Mailing Address 228 Wolcott Rd

City Chestnut Hill State MA Zip Code 02467-3170

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : C2948407

Amount of Each Receipt this Period **400.00**

Full Name (Last, First, Middle Initial)
c. Mary H Scanlon

Mailing Address 532 College Ave

City Haverford State PA Zip Code 19041-1112

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

Name of Employer PVAMC Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 11 / 2015**

Transaction ID : C2945767

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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 104 OF 148
	<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. Meir Scheinfeld		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015 Transaction ID : C2957331
Mailing Address 536 Route 306		Amount of Each Receipt this Period 250.00
City Suffern	State NY	Zip Code 10901
FEC ID number of contributing federal political committee. C	Name of Employer Montefiore Medical Center	Occupation Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Daniel Williams Schepens MD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : C2981684
Mailing Address 1695 Trents Ferry Rd		Amount of Each Receipt this Period 350.00
City Lynchburg	State VA	Zip Code 24503-6456
FEC ID number of contributing federal political committee. C	Name of Employer Radiology Consultants of Lynchburg	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Jeremy D Schiller		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : C2948415
Mailing Address 14 Broad St		Amount of Each Receipt this Period 400.00
City Salem	State MA	Zip Code 01970-3144
FEC ID number of contributing federal political committee. C	Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 105 OF 148
	<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. Scott D Schlesinger

Mailing Address 218 Hudson St

City Hoboken State NJ Zip Code 07030-5803

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985809

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Andrew M Schneider

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City Charlotte State NC Zip Code 28211-4866

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

Name of Employer Charlotte Radiology, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949857

Amount of Each Receipt this Period
 252.00

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

Mailing Address 4 Golden Pond Dr

City Milltown State NJ Zip Code 08850-2181

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2985810

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 752.00

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 148
(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. Ali R Sepahdari MD

Mailing Address 11826 Dorothy St Apt 301

City State Zip Code
Los Angeles CA 90049-5384

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

Name of Employer Occupation
UCLA Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2015
Transaction ID : C2968798

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Kitt Shaffer

Mailing Address 14C Bellis Cir

City State Zip Code
Cambridge MA 02140-3208

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

Name of Employer Occupation
Boston University Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2958787

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Rajiv Kumar Sharma

Mailing Address 1228 Firethorne Club Drive

City State Zip Code
Waxhaw NC 28173-6553

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949858

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 602.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 107 OF 148
(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. Dale R Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
 Charlotte NC 28211-3325

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

Name of Employer Occupation
 Charlotte Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 03 / 13 / 2015
Transaction ID : C2949859

Amount of Each Receipt this Period
 252.00

Full Name (Last, First, Middle Initial)
B. Michael J Shortsleeve

Mailing Address 4 Granville Rd

City State Zip Code
 Lincoln MA 01773-3106

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

Name of Employer Occupation
 Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 03 / 13 / 2015
Transaction ID : C2948405

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
C. Derrick Siebert

Mailing Address PO Box 1012

City State Zip Code
 Wausau WI 54402

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

Name of Employer Occupation
 Radiology Associates of Wausau Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 02 / 2015
Transaction ID : C2941016

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **752.00**

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 108 OF 148
(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. Derrick Siebert MD

Mailing Address PO Box 1012

City Wausau State WI Zip Code 54402-1012

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

Name of Employer Radiology Associates of Wausau Occupation Diagnostic and Interventional Radiolog

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2964713

Amount of Each Receipt this Period
1300.00

Full Name (Last, First, Middle Initial)
B. Rebecca Tauber Sivarajah MD

Mailing Address 2 Burgundy Dr

City Mohnton State PA Zip Code 19540-8904

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

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969183

Amount of Each Receipt this Period
250.00

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

Mailing Address Radiology Ltd
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

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

Name of Employer Radiology, LTD Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2950309

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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 109 OF 148
	<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. Gregg M Slater MD		Date of Receipt 03 / 27 / 2015 Transaction ID : C2987325
Mailing Address 325 Deerfield Rd		Amount of Each Receipt this Period 250.00
City Morganville	State NJ	Zip Code 07751-2642
FEC ID number of contributing federal political committee. C		
Name of Employer University Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Michael L Sloan		Date of Receipt 03 / 19 / 2015 Transaction ID : C2960586
Mailing Address PO Box 1646		Amount of Each Receipt this Period 500.00
City Cheyenne	State WY	Zip Code 82003-1646
FEC ID number of contributing federal political committee. C		
Name of Employer Casper Medical Imaging, P.C.	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. Geoffrey Giles Smith		Date of Receipt 03 / 19 / 2015 Transaction ID : C2960595
Mailing Address Casper Medical Imaging 419 S Washington St Ste 101		Amount of Each Receipt this Period 1600.00
City Casper	State WY	Zip Code 82601-2991
FEC ID number of contributing federal political committee. C		
Name of Employer Casper Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	2350.00
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 110 OF 148
	<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. Gregory Michael Soares		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : C2982148
Mailing Address Rhode Island Hospital 593 Eddy St		Amount of Each Receipt this Period 250.00
City Providence	State RI	
Zip Code 02903-4923		
FEC ID number of contributing federal political committee. C		
Name of Employer RI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Julie H Song		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : C2982149
Mailing Address 9 Lu Stubbs Ln		Amount of Each Receipt this Period 250.00
City Sharon	State MA	
Zip Code 02067-2367		
FEC ID number of contributing federal political committee. C		
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Norman S Sorkin		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : C2987326
Mailing Address 154 Fresh Ponds Rd		Amount of Each Receipt this Period 250.00
City East Brunswick	State NJ	
Zip Code 08816-2408		
FEC ID number of contributing federal political committee. C		
Name of Employer Univ Radiology Grp, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 111 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

A. Patricia K Spencer
Full Name (Last, First, Middle Initial)

Mailing Address Women & Infants Hospital
101 Dudley St Floor 0 Rm 0615

City Providence State RI Zip Code 02905-2401

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

Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : **C2982150**

Amount of Each Receipt this Period
250.00

B. Walter J Steele
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Foxcroft Woods Ln

City Charlotte State NC Zip Code 28211-2666

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 13 / 2015
Transaction ID : **C2949860**

Amount of Each Receipt this Period
300.00

C. Jeffrey Paul Stein
Full Name (Last, First, Middle Initial)

Mailing Address 7047 Whitmarsh Ct

City Charlotte State NC Zip Code 28210-4901

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 13 / 2015
Transaction ID : **C2949861**

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 802.00

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 112 OF 148
	<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. Alan Howard Stolpen		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : C2967570
Mailing Address Univ of Iowa Hosp and Clinics 200 Hawkins Dr		Amount of Each Receipt this Period 500.00
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Iowa Hosp and Clinics	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) B. James Palmer Strain		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 Transaction ID : C2967520
Mailing Address 2 Avery St Apt 31A		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02111-1017
FEC ID number of contributing federal political committee. C		
Name of Employer New England Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Palmer Strain		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : C2982179
Mailing Address 2 Avery St Apt 31A		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02111-1017
FEC ID number of contributing federal political committee. C		
Name of Employer New England Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 113 OF 148
	<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. Paul R Strautman
Full Name (Last, First, Middle Initial)

Mailing Address 6140 N Calle de la Culebra

City Tucson State AZ Zip Code 85718-2808

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

Name of Employer St Mary's Hosp and Health Ctr Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015
Transaction ID : C2950304

Amount of Each Receipt this Period 500.00

B. Richard Strax
Full Name (Last, First, Middle Initial)

Mailing Address 8719 Pasture View Lane

City Houston State TX Zip Code 77024-7040

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

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 13 / 2015
Transaction ID : C2946158

Amount of Each Receipt this Period 500.00

C. Richard F Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 117 Bates Way

City Hanover State MA Zip Code 02339-1597

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 ▼ 300.00

Date of Receipt 03 / 03 / 2015
Transaction ID : C2967521

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 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 117 Bates Way
 City Hanover State MA Zip Code 02339-1597
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2982180
 Amount of Each Receipt this Period 100.00

B. Daniel F Sulser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5280 Squaw Creek Rd
 City Casper State WY Zip Code 82604-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2015
Transaction ID : C2960365
 Amount of Each Receipt this Period 500.00

C. 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 ▼ 300.00

Date of Receipt 03 / 03 / 2015
Transaction ID : C2967522
 Amount of Each Receipt this Period 100.00

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 115 OF 148
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	<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 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2982181
 Amount of Each Receipt this Period
 100.00

B. Douglas Steven Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology of Huntsville PC
 2006 Franklin St SE Ste 200
 City Huntsville State AL Zip Code 35801-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology of Huntsville Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : C2945742
 Amount of Each Receipt this Period
 1000.00

C. James M Tallman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1054 Greymont Cir NW
 City Marietta State GA Zip Code 30064-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quantum Radiology NW Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2968762
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 116 OF 148
(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. Paul Russell Tanner

Mailing Address **Mid-South Imaging & Therapeutics**
6305 Humphreys Blvd Ste 205

City **Memphis** State **TN** Zip Code **38120-2379**

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

Name of Employer **Mid-South Imaging & Therapeutics, P.A.** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
03 / 04 / 2015

Transaction ID : C2948395

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Joseph H Tashjian

Mailing Address **807 Summit Avenue**

City **Saint Paul** State **MN** Zip Code **55105-3355**

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

Name of Employer **Saint Paul Radiology** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
03 / 15 / 2015

Transaction ID : C2946225

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Richard N Taxin

Mailing Address **5 Hilltop Rd**

City **Rose Valley** State **PA** Zip Code **19086-6216**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
03 / 09 / 2015

Transaction ID : C2944421

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1670.00**

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 117 OF 148
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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. Richard N Taxin

Mailing Address 5 Hilltop Rd

City State Zip Code
Rose Valley PA 19086-6216

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2982204

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
B. Christopher Taylor

Mailing Address 6 Kelly Ct.

City State Zip Code
Ocean NJ 07712-3198

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

Name of Employer Occupation
Beth Israel Deaconess Med Center Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2987327

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Shawn DeWayne Teague

Mailing Address 11844 Tarver Ct

City State Zip Code
Fishers IN 46037-8277

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : C2949121

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **470.00**

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 118 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Siew Koon Teoh

Mailing Address 196 E Emerson Rd

City Lexington State MA Zip Code 02420-2134

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2948412

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Pritinder K Thind

Mailing Address 204 Madison Ave

City Spring Lake State NJ Zip Code 07762-1414

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2987328

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Lloyd R Thomas JR

Mailing Address Mid-South Imaging & Therapeutics
6305 Humphreys Blvd Ste 205

City Memphis State TN Zip Code 38120-2379

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

Name of Employer Mid South Imaging Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2948382

Amount of Each Receipt this Period
 336.00

SUBTOTAL of Receipts This Page (optional).....▶	986.00
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 119 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<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 3 Brookside Ln
 City Saint Louis State MO Zip Code 63124-1814
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2970477
 Amount of Each Receipt this Period
 75.00

B. Norman B Thomson III
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 Mayo Ln
 City Augusta State GA Zip Code 30907-9292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Regents Medical Associates Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : C2951325
 Amount of Each Receipt this Period
 1000.00

C. William Thorwarth
 Full Name (Last, First, Middle Initial)
 Mailing Address 996 18th Ave Cir NW
 City Hickory State NC Zip Code 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACR Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2964847
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2075.00
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 120 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

A. Joshua G Tice
Full Name (Last, First, Middle Initial)

Mailing Address 118 Logan Ave

City State Zip Code
Wyomissing PA 19610-2618

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

Name of Employer Occupation
West Reading Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : C2947437

Amount of Each Receipt this Period
500.00

B. Matthew Blake Tomlin
Full Name (Last, First, Middle Initial)

Mailing Address 100 Nettie Ct

City State Zip Code
Lynchburg VA 24502-5373

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

Name of Employer Occupation
Radiology Consultants of Lynchburg Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015
Transaction ID : C2981844

Amount of Each Receipt this Period
350.00

C. Allen K Tonkin
Full Name (Last, First, Middle Initial)

Mailing Address 3415 Chambers Chapel Rd

City State Zip Code
Lakeland TN 38002-9573

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

Name of Employer Occupation
Mid-South Imaging & Therapy PA Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : C2948379

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional).....▶	1186.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 121 OF 148
(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

A. Keith A Tonkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Island Dr
 City Memphis State TN Zip Code 38103-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid South Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 03 / 04 / 2015
Transaction ID : C2948375
 Amount of Each Receipt this Period 336.00

B. Glen A Toomayan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Lasswade Dr
 City Pinehurst State NC Zip Code 28374-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinehurst Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2982381
 Amount of Each Receipt this Period 480.00

C. Scott Michael Truhlar
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 E College St #1208
 City Iowa City State IA Zip Code 52240-1757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiologic Medical Services, PC Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2015
Transaction ID : C2946224
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1816.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 122 OF 148
(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. Glenn A Tung

Mailing Address 12 Knife Shop Ln

City Sharon State MA Zip Code 02067-2274

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

Name of Employer Brown Univ Sch of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2015**

Transaction ID : C2982151

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. Christopher G Ullrich

Mailing Address Charlotte Radiology PA
 PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **03 / 13 / 2015**

Transaction ID : C2949862

Amount of Each Receipt this Period **252.00**

Full Name (Last, First, Middle Initial)
c. Matthew Edward Vanasco

Mailing Address Radiology Ltd
 677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

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

Name of Employer Washington Univ School of Med Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2015**

Transaction ID : C2950305

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **1002.00**

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 123 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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. Brent Joseph Wagner

Mailing Address Reading Hospital, 6th Ave and Spru

City Reading State PA Zip Code 19612-6052

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

Name of Employer West Reading Radiology Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2966950

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Christoph Wald

Mailing Address 2 Swallow Cave Rd

City Nahant State MA Zip Code 01908-1617

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

Name of Employer Lahey Health Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : C2965059

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Michael Tide Wallach

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4970

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

Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : C2982152

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **750.00**

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 124 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Barbara H Ward
Full Name (Last, First, Middle Initial)

Mailing Address 100 Academy Pl

City Sewickley State PA Zip Code 15143-2061

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

Name of Employer Western Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2015
Transaction ID : C2967437

Amount of Each Receipt this Period 250.00

B. Stephen W Warren
Full Name (Last, First, Middle Initial)

Mailing Address 917 Prospect St

City Westfield State NJ Zip Code 07090-4220

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

Name of Employer Univ Radiology Grp, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2987329

Amount of Each Receipt this Period 250.00

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

Mailing Address 34 Randi Drive

City Madison State CT Zip Code 06443

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

Name of Employer Yale University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2015
Transaction ID : C2944320

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 125 OF 148
(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. William Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2949864

Amount of Each Receipt this Period
252.00

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2967538

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Patrick Noel Weybright

Mailing Address 1234 Mastersonville Rd

City Manheim State PA Zip Code 17545-9461

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2967536

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 452.00

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 126 OF 148
	<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. Heidi K Winchman
Full Name (Last, First, Middle Initial)

Mailing Address University Radiology Group
579A Cranbury Rd

City East Brunswick State NJ Zip Code 08816-5426

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2987330

Amount of Each Receipt this Period 250.00

B. Dexter H Witte
Full Name (Last, First, Middle Initial)

Mailing Address 441 Goodwyn St

City Memphis State TN Zip Code 38111-3311

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

Name of Employer Mid-South Imag & Therapeutics Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 03 / 04 / 2015
Transaction ID : C2948392

Amount of Each Receipt this Period 336.00

C. Mark D Wittry
Full Name (Last, First, Middle Initial)

Mailing Address 10525 Concord School Rd

City Saint Louis State MO Zip Code 63128-1232

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 ▼ 250.02

Date of Receipt 03 / 08 / 2015
Transaction ID : C2944310

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 669.34

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 127 OF 148
	<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. Pamela Karen Woodard
Full Name (Last, First, Middle Initial)
Mailing Address 7171 Princeton Ave
City St. Louis State MO Zip Code 63130
FEC ID number of contributing federal political committee. **C**
Name of Employer Washington University Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2015**
Transaction ID : C2945871
Amount of Each Receipt this Period **1000.00**

B. Edward J Woolsey
Full Name (Last, First, Middle Initial)
Mailing Address 3770 E Sumo Octavo
City Tucson State AZ Zip Code 85718-6042
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiology LTD Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2015**
Transaction ID : C2950306
Amount of Each Receipt this Period **500.00**

C. Cathleen Ann Woomert
Full Name (Last, First, Middle Initial)
Mailing Address 81 Maple Ridge Rd
City Millville State PA Zip Code 17846-8933
FEC ID number of contributing federal political committee. **C**
Name of Employer Geisinger Clinic Occupation Diagnostic Radiologist
Receipt For: 2016 Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 26 / 2015**
Transaction ID : C2965377
Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **6500.00**
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 128 OF 148
	<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. Don Chan Yoo
Full Name (Last, First, Middle Initial)

Mailing Address 10 Wood Duck Ct

City East Greenwich State RI Zip Code 02818-1350

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : C2982153

Amount of Each Receipt this Period
250.00

B. Neal H Young MD
Full Name (Last, First, Middle Initial)

Mailing Address 108 Keeneland Court

City Lynchburg State VA Zip Code 24503-3837

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

Name of Employer Radiology associates of Lynchburg Occupation Interventional Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
03 / 17 / 2015
Transaction ID : C2947448

Amount of Each Receipt this Period
350.00

C. E Kent Yucel
Full Name (Last, First, Middle Initial)

Mailing Address Tufts Med Center
800 Washington St Box 299

City Boston State MA Zip Code 02111-0299

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

Name of Employer Tufts Medical Center Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 13 / 2015
Transaction ID : C2946160

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 129 OF 148
	(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. Anthony P Yudd

Mailing Address 12 Fairhill Rd

City Westfield State NJ Zip Code 07090-4202

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

Name of Employer Radiology Grp of New Brunswick Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2987331

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Julie M Zaetta

Mailing Address Radiology Ltd
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

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

Name of Employer Radiology Ltd Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2950307

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Leonard John Zawodniak

Mailing Address 1439 Garrett Dr

City Wall Township State NJ Zip Code 07719-9648

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2987332

Amount of Each Receipt this Period
250.00

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 130 OF 148
	<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. Phillip Thomas Zeni JR
Full Name (Last, First, Middle Initial)

Mailing Address 9565 Plantation Lake Rd

City Collierville State TN Zip Code 38017-9370

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

Name of Employer Mid-South Imaging & Therapeutics PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2015
Transaction ID : C2948403

Amount of Each Receipt this Period 1000.00

B. Barry A Zicherman
Full Name (Last, First, Middle Initial)

Mailing Address 18 Donatello Ct

City Monmouth Junction State NJ Zip Code 08852-3357

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : C2987333

Amount of Each Receipt this Period 250.00

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

Mailing Address 1 White Gate Dr

City Glen Head State NY Zip Code 11545-2745

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

Name of Employer Zilkha Radiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2015
Transaction ID : C2957283

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	153811.35

**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
0	3		3	1		2	0	1	5

Transaction ID : D165511

Amount of Each Disbursement this Period

2	2	4	9	.	0	6
---	---	---	---	---	---	---

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

2	2	4	9	.	0	6
---	---	---	---	---	---	---

2	2	4	9	.	0	6
---	---	---	---	---	---	---

**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. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Joint Fundraising Committee

Candidate Name

Office Sought: House Senate President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 25 / 2015

Transaction ID : D165149

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to a National Party Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 09 / 2015

Transaction ID : D164870

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

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

/ /
03 / 09 / 2015

Transaction ID : D164866

Amount of Each Disbursement this Period

1500.00

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

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

9000.00

**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. Heart Doc PAC

Mailing Address 526 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	5

Transaction ID : D164865

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : D164861

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	5

Transaction ID : D164875

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	0	0	0	0	0	0	0	0
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**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. MORE CONSERVATIVES PAC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 675 N WASHINGTON STREET SUITE 410		Transaction ID : D165220
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 9,999.99 5000.00	
Purpose of Disbursement Contribution to a Leadership PAC	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 700 13TH STREET, NW SUITE 600		Transaction ID : D164869
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 9,999.99 1500.00	
Purpose of Disbursement Contribution to a Leadership PAC	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NEW PIONEERS PAC		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : D165076
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 9,999.99 2500.00	
Purpose of Disbursement Contribution to a Leadership PAC	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	

**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. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Brett Guthrie

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D164871

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Cathy McMorris Rodgers

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D164873

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Charlie Dent

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 15

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : D165146

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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. BENISHEK FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Mailing Address PO BOX 108

Transaction ID : D165137

City State Zip Code
GLADSTONE MI 49837

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Contribution to a Federal Campaign

Category/ Type

Candidate Name

Rep. Dan Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Mailing Address PO BOX 1437

Transaction ID : D165139

City State Zip Code
GALLATIN TN 37066

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution to a Federal Campaign

Category/ Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Mailing Address PO BOX 1437

Transaction ID : D165509

City State Zip Code
GALLATIN TN 37066

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to a Federal Campaign

Category/ Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

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

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

8000.00

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**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. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Evan Jenkins

Office Sought: House
 Senate
 President
State: WV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : D165141

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : D164862

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Jackie Walorski

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : D165143

Amount of Each Disbursement this Period

1500.00

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

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

7000.00

**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. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Jan Schakowsky

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165080

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Jeff Denham

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : D165138

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Joe Heck

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : D165142

Amount of Each Disbursement this Period

3000.00

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

6500.00

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

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**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. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Joe Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : D165075

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Joe Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : D165508

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Joe Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164872

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

**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. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Kurt Schrader

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : D165134

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Lee Zeldin

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : D165148

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE

City WASHINGTON State CA Zip Code 20003

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Linda T. Sanchez

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : D165073

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**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. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5		2	0	1	5		

Transaction ID : D165145

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Martha Roby

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AL District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5		2	0	1	5		

Transaction ID : D165144

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Michael C. Burgess

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3		2	0	1	5		

Transaction ID : D165072

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

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

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

9	5	0	.	0	0
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9	5	0	.	0	0
---	---	---	---	---	---

**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. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Michelle Lujan Grisham

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : D165074

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Paul D. Ryan

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164864

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Pete Sessions

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 32

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164863

Amount of Each Disbursement this Period

2000.00

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. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City State Zip Code
WHEATON IL 60187

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : D165135

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City State Zip Code
LA QUINTA CA 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

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D164874

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City State Zip Code
RALEIGH NC 27624

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : D165510

Amount of Each Disbursement this Period

5000.00

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. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Richard Hudson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : D165136

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City State Zip Code
TAYLORVILLE IL 62568

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Rodney Davis

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : D165140

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City State Zip Code
PTTSBURGH PA 15234

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Tim Murphy

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165078

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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**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. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Tom Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164859

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Tom Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164860

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Charles E. Schumer

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : D164867

Amount of Each Disbursement this Period

2000.00

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

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

12000.00

**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. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. James Lankford

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OK District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : D165041

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Ron Wyden

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 00

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D164868

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Roy Blunt

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 00

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : D165077

Amount of Each Disbursement this Period

2500.00

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

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

8000.00

**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. SHORE PAC

Mailing Address P.O. BOX 3157

City State Zip Code
LONG BRANCH NJ 07740

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165079

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. VOICE FOR FREEDOM

Mailing Address 2814 SPRING ROAD, STE. 103

City State Zip Code
ATLANTA GA 30339

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165081

Amount of Each Disbursement this Period

2,500.00

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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

7500.00

130000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Jeffrey C Blum

Mailing Address 19017 Peninsula Club Dr

City State Zip Code
Cornelius NC 28031-5121

Purpose of Disbursement
Refund of Contribution Made 06/18/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	3		2	0	1	5	1	5

Transaction ID : D165515

Amount of Each Disbursement this Period

1	6	8	.	0	0
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Category/
Type

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

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

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

1	6	8	.	0	0
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1	6	8	.	0	0
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