

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.

American College of Radiology Association PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Taxin, Richard, , MD

Type or Print Name of Treasurer

Signature of Treasurer Taxin, Richard, , MD [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Radiology Association PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | | 858900.63 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1119271.80 | |
| (c) Total Receipts (from Line 19) | 36711.67 | 949155.60 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1155983.47 | 1808056.23 |
| 7. Total Disbursements (from Line 31)..... | 548183.91 | 1198756.67 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 607799.56 | 609299.56 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y
09 / 30 / 2016

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 29996.77 | 830141.52 |
| (ii) Unitemized | 6714.90 | 112764.08 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 36711.67 | 944405.60 |
| (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) | 36711.67 | 944405.60 |
| 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 | 4750.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 36711.67 | 949155.60 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 36711.67 | 949155.60 |

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 | 471.57 | 9808.09 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 471.57 | 9808.09 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 128500.00 | 620600.00 |
| 24. Independent Expenditures (use Schedule E) | 419212.34 | 568348.58 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 548183.91 | 1198756.67 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 548183.91 | 1198756.67 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 36711.67 | 944405.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36711.67 | 944405.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 471.57 | 9808.09 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 471.57 | 9808.09 |

**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 99 |
| <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 |

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. Abramowitz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Stony Point Rd
 PO Box 3428
 City Charleston State WV Zip Code 25314-1670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kanawha Valley Radiology, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 817.96

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401045
 Amount of Each Receipt this Period 272.73
 Memo Item

B. Agola, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Cntr Rads Inc Bldg 13
 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 (for Individual) Medical Center Radiologists, I Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405771
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hackensack Medical Center
 30 Prospect Ave
 City Hackensack State NJ Zip Code 07601-1980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400928
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 590.59 |
| 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 99 |
| | <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. Albert, Arthur, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Medical Center
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1980

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 15 / 2016**

Transaction ID : C3400996

Amount of Each Receipt this Period **17.86**

Memo Item

B. Albert, Arthur, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Medical Center
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1980

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 29 / 2016**

Transaction ID : C3401031

Amount of Each Receipt this Period **17.86**

Memo Item

C. Alline, Michael, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Jefferson Radiology Associates
1111 Medical Center Blvd Ste 108

City Marrero State LA Zip Code 70072-3192

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

Name of Employer (for Individual) Jefferson Radiology Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 18 / 2016**

Transaction ID : C3389608

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **60.72**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 99 |
| | <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. Alson, Mark, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 W Fir Ave
 City Clovis State CA Zip Code 93611-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sierra Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 09 / 27 / 2016
Transaction ID : C3394137
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Angel, Wesley, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Memphis Radiological PC
 7695 Poplar Pike
 City Germantown State TN Zip Code 38138-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological PC Occupation (for Individual) Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1190.00

Date of Receipt
 09 / 05 / 2016
Transaction ID : C3383120
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Angel, Wesley, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Memphis Radiological PC
 7695 Poplar Pike
 City Germantown State TN Zip Code 38138-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological PC Occupation (for Individual) Radiologist
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1190.00

Date of Receipt
 09 / 29 / 2016
Transaction ID : C3395567
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 185.00 |
| 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 99 |
| <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. Applewhite, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401011
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Baek, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Stonehenge Rd
 416 Division St
 City Charleston State WV Zip Code 25314-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kanawha Valley Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 817.96

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401046
 Amount of Each Receipt this Period 272.73
 Memo Item

C. Barbarisi, Marchello, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 City Ave Apt 13
 City Merion Station State PA Zip Code 19066-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of the Main Line Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412053
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 387.73 |
| 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 99 |
| | <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. Barry, Joseph, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 Nathan Ln
295 Varnum Ave

City Carlisle State MA Zip Code 01741-1340

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

Name of Employer (for Individual) Commonwealth Radiology Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016

Transaction ID : C3387003

Amount of Each Receipt this Period
 41.67

Memo Item

B. Bartz, Brett, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr
10700 E Geddes Ave Ste 200

City Colorado Springs State CO Zip Code 80921-5002

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

Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2016

Transaction ID : C3395730

Amount of Each Receipt this Period
 15.00

Memo Item

C. Bartz, Brett, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr
10700 E Geddes Ave Ste 200

City Colorado Springs State CO Zip Code 80921-5002

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

Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016

Transaction ID : C3395781

Amount of Each Receipt this Period
 15.00

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 71.67 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 99 |
| | <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. Bear, Howard, Marshall, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4931 Pearlman Way
 10150 Sorrento Valley Rd Ste 321
 City San Diego State CA Zip Code 92130-2789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Imaging Medical Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 09 / 07 / 2016
Transaction ID : C3383547
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Becker, Lance, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Crozer-Chester Medical Center
 1 Medical Center Blvd
 City Upland State PA Zip Code 19013-3995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401186
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Berkenstock, Kenneth, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Lancaster Radiology Associates Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3411982
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 254.00 |
| 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 99 |
| | <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. Bernauer, Timothy, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Pintail Pl
 City Appleton State WI Zip Code 54913-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Appleton Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2190.00

Date of Receipt 09 / 18 / 2016
Transaction ID : C3389609
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Blum, Justin, Tyler, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Southeast Radiology Ltd 116 Harwicke Rd
 City Springfield State PA Zip Code 19064-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401187
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Boghosian, Garen, Boghosian, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Wellesley Rd
 City Swarthmore State PA Zip Code 19081-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of the Main Line Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412054
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 350.00 |
| 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 99 |
| | <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. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400927
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400995
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401030
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 99 |
| | <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. Brecher, Chad, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 S Wayne Ave
 116 Harwicke Rd
 City Wayne State PA Zip Code 19087-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401188
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Brooks, Thomas, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 Pickering Trl
 City Lancaster State PA Zip Code 17601-4972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3411983
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Brown, Wendy, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 Botetourt Gdns
 City Norfolk State VA Zip Code 23507-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405787
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 305.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 99 |
| | <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

A. Campbell, John, Neil, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Radiologists Inc
 6330 N Center Dr Ste 220 Bldg 13
 City Norfolk State VA Zip Code 23502-4008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405772
 Amount of Each Receipt this Period 225.00
 Memo Item

B. Carr, Stephen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3136 Persimmon Dr
 1623 Medical Dr
 City Tallahassee State FL Zip Code 32312-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Tallahassee, P Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395769
 Amount of Each Receipt this Period 1750.00
 Memo Item

c. Chambers, Mark, Aaron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Des Peres Woods Ct.
 City Des Peres State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401012
 Amount of Each Receipt this Period 75.00
 Memo Item

| | |
|---|---------|
| 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 16 OF 99 |
| | <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. Cheruvu, Raja, Sekhar, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Via Foresta Ln
 City Williamsville State NY Zip Code 14221-1984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Windsong Radiology Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.98

Date of Receipt 09 / 03 / 2016
Transaction ID : C3383073
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Chiang, Jing-Tzyh, Alan, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Glenarm PI Apt 2311
 City Denver State CO Zip Code 80202-4335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395732
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Chiang, Jing-Tzyh, Alan, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Glenarm PI Apt 2311
 City Denver State CO Zip Code 80202-4335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395783
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 112.50
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 99 |
| | <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. Chmielewski, Steven, Richard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 N Fairwood Dr
 City Sinking Spring State PA Zip Code 19608-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) 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
 09 / 29 / 2016
Transaction ID : C3395710
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cintron, Elsie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Calle Aleli
 252 San Jorge St
 City San Juan State PR Zip Code 00927-6306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Jorge Children's Hospital Occupation (for Individual) 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
 09 / 09 / 2016
Transaction ID : C3384572
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Cohen, Daniel, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Lake Forest Dr
 City Richmond Heights State MO Zip Code 63117-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) radiologic imaging consultants Occupation (for Individual) 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
 09 / 07 / 2016
Transaction ID : C3383913
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 99 |
| | <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. Collazo-Ornes, Pedro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9024255
 City San Juan State PR Zip Code 00902-4255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SP RADIOLOGY, PSC Occupation (for Individual) 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
 09 / 18 / 2016
Transaction ID : C3389610
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Collazo, Lisa, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Pennsford Ln
 300 Evergreen Drive, Suite 210
 City Media State PA Zip Code 19063-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : C3401189
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. Cook, Glenn, Clyde, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Scottsdale Med Imaging Ltd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) 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
 09 / 09 / 2016
Transaction ID : C3400942
 Amount of Each Receipt this Period
 50.00
 Memo Item

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 270.00 |
| 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 99 |
| | <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. Crummy, Timothy, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Middleton Beach Rd
 City Madison State WI Zip Code 53562-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 623.78

Date of Receipt 09 / 05 / 2016
Transaction ID : C3383121
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 S Cook St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395733
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 S Cook St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395784
 Amount of Each Receipt this Period 19.23
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 68.88 |
| 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 99 |
| | <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. De La Vega, Raul, S, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 N Lafayette St Ste 1
 City Shelby State NC Zip Code 28150-4444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shelby Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2016
Transaction ID : C3387417
 Amount of Each Receipt this Period 45.00
 Memo Item

B. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 130 Kinderkamack Rd Ste 200
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400929
 Amount of Each Receipt this Period 17.86
 Memo Item

C. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 130 Kinderkamack Rd Ste 200
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400997
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
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| SUBTOTAL of Receipts This Page (optional)..... | 80.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 99 |
| | <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. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 130 Kinderkamack Rd Ste 200
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401032
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Dobrow, Malcolm, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5693 E Southmoor Cir
 City Englewood State CO Zip Code 80111-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395735
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Dobrow, Malcolm, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5693 E Southmoor Cir
 City Englewood State CO Zip Code 80111-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395786
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 56.32
TOTAL This Period (last page this line number only).....▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 22 OF 99 |
| <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. Dobzyniak, Christopher, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4010 Richardson Rd
6330 N Center Dr Ste 220

| | | |
|------------------------|-------------|------------------------|
| City Virginia Beach | State VA | Zip Code 23455-5609 |
|------------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Medical Center Radiologists Inc. | Occupation (for Individual) Interventional 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 |
| 09 | | 30 | | 2016 |

Transaction ID : C3405773

Amount of Each Receipt this Period
150.00

Memo Item

B. Dorsay, Theodore, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4544 Columbus St Apt 934
5544 Greenwich Rd Ste 200

| | | |
|------------------------|-------------|------------------------|
| City Virginia Beach | State VA | Zip Code 23462-7534 |
|------------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Medical Center Radiologists, Inc. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

Transaction ID : C3405774

Amount of Each Receipt this Period
240.00

Memo Item

C. Dungan, David, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 Front Range Rd

| | | |
|-------------------|-------------|------------------------|
| City Littleton | State CO | Zip Code 80120-4007 |
|-------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Radiology Imaginig Associates | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2016 |

Transaction ID : C3395736

Amount of Each Receipt this Period
19.23

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.23 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 99 |
| | <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. Dungan, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Front Range Rd
 City Littleton State CO Zip Code 80120-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaginig Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395787
 Amount of Each Receipt this Period 19.23
 Memo Item

B. El Jack, Amr, Kamal, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 E Deerfield Drive 116 Harwicke Rd
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401190
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Ellenbogen, Paul, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Wolf St Unit 14B
 City Dallas State TX Zip Code 75201-7055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Imaging & Interven specialis Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 16 / 2016
Transaction ID : C3388332
 Amount of Each Receipt this Period 83.34
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 222.57 |
| 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 99 |
| | <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. Enochs, William, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Poplar Ave
 130 S Bryn Mawr Ave
 City Wayne State PA Zip Code 19087-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Ho Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412058
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ferrara, Stephen, Louis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3411 E Sells Dr
 City Phoenix State AZ Zip Code 85018-3931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Interventional Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 05 / 2016
Transaction ID : C3383122
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400921
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 99 |
| | <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. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 15 / 2016**

Transaction ID : C3400989

Amount of Each Receipt this Period **17.86**

Memo Item

B. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1939

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 29 / 2016**

Transaction ID : C3401024

Amount of Each Receipt this Period **17.86**

Memo Item

C. Fisher, Adam, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2035 Grantham Rd
 116 Harwicke Rd

City Berwyn State PA Zip Code 19312-2119

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

Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2016**

Transaction ID : C3401191

Amount of Each Receipt this Period **120.00**

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 155.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 99 |
| | <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. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200

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

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

| | |
|---|---|
| Name of Employer (for Individual) Radiology Imaging Associates, P.C. | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.37

Date of Receipt
 09 / 09 / 2016

Transaction ID : C3395738

Amount of Each Receipt this Period
 19.23

Memo Item

B. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200

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

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

| | |
|---|---|
| Name of Employer (for Individual) Radiology Imaging Associates, P.C. | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.37

Date of Receipt
 09 / 19 / 2016

Transaction ID : C3395789

Amount of Each Receipt this Period
 19.23

Memo Item

C. Flug, Jonathan, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1490 Delgany St Apt 1027

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80202-6616 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) University of Colorado | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For: 2016
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 805.00

Date of Receipt
 09 / 23 / 2016

Transaction ID : C3393017

Amount of Each Receipt this Period
 85.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 123.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 27 OF 99 |
| <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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American College of Radiology Association PAC

A. Friedberg, Eric, Brian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tavistock Ct
 City Johns Creek State GA Zip Code 30022-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : C3381865
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Friedland, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 S Bannock St Ste 740
 City Englewood State CO Zip Code 80110-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2016
Transaction ID : C3395739
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Friedland, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 S Bannock St Ste 740
 City Englewood State CO Zip Code 80110-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : C3395790
 Amount of Each Receipt this Period
 19.23
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 28 OF 99 |
| <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. Ginaldi, Sergio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Rad Assoc of Tallahassee
1600 Phillips Rd

City Tallahassee State FL Zip Code 32308-5304

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

Name of Employer (for Individual) Radiology Associates of Tallahassee, P Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395774

Amount of Each Receipt this Period 2250.00

Memo Item

B. Goodman, Eric, Todd, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8933 Activity Rd

City San Diego State CA Zip Code 92126-4427

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

Name of Employer (for Individual) Sharp Rees-Stealy Medical Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2016
Transaction ID : C3392233

Amount of Each Receipt this Period 100.00

Memo Item

C. Gordon, Andrew, Ryan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Southeast Radiology
1 Medical Center Blvd

City Upland State PA Zip Code 19013-3902

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

Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401192

Amount of Each Receipt this Period 120.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2470.00 |
| 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 99 |
| <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. Goree, Jeffrey, Carl, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2320 Cromwell Cir

| | | |
|-------------------|-------------|------------------------|
| City Davenport | State IA | Zip Code 52807-2833 |
|-------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Radiology Group, P.C. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 29 | / | 2016 |

Transaction ID : C3401051

Amount of Each Receipt this Period
600.00

Memo Item

B. Granata, Lauren, Thomson, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Five Point Rd

| | | |
|------------------------|-------------|------------------------|
| City Virginia Beach | State VA | Zip Code 23454-1930 |
|------------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Medical Center Radiologists | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2016 |

Transaction ID : C3405775

Amount of Each Receipt this Period
252.00

Memo Item

C. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St
10700 E Geddes Ave Ste 200

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80210-6511 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Radiology Imaging Associates | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2016 |

Transaction ID : C3395740

Amount of Each Receipt this Period
25.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 877.00 |
| 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 30 OF 99 |
| | <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. Grande, William, J, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3059 S Cook St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80210-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395791
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Green, Edward, Douglas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Windsong Cv
 City Ridgeland State MS Zip Code 39157-8736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 06 / 2016
Transaction ID : C3383276
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Haas, David, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 S Maryland Pkwy
 City Las Vegas State NV Zip Code 89109-2257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SDMI Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 28 / 2016
Transaction ID : C3394340
 Amount of Each Receipt this Period 85.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 195.00 |
| 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 99 |
| | <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. Haddad, Labib, Fouad, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Ramsgate Dr
 City Olivette State MO Zip Code 63132-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401013
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hahn, Heather, Griffith, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 Thoreau Ct
 City Landenberg State PA Zip Code 19350-9512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401193
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Han, Gene, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Briarcliff Rd
 City Tenafly State NJ Zip Code 07670-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400930
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 187.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 99 |
| | <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. Han, Gene, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Briarcliff Rd

| | | |
|-----------------|-------------|------------------------|
| City Tenafly | State NJ | Zip Code 07670-2902 |
|-----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 15 | | 2016 |

Transaction ID : C3400998

Amount of Each Receipt this Period
17.86

Memo Item

B. Han, Gene, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Briarcliff Rd

| | | |
|-----------------|-------------|------------------------|
| City Tenafly | State NJ | Zip Code 07670-2902 |
|-----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 29 | | 2016 |

Transaction ID : C3401033

Amount of Each Receipt this Period
17.86

Memo Item

C. Hawkins, C, Matthew, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Emory University | Occupation (for Individual) Pediatric Interventional Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2010.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2016 |

Transaction ID : C3411978

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 285.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 99 |
| | <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. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395741
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395792
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Heringer, Robert, D, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Grey Eagle Pass
 1 Burdick Expressway W
 City Minot State ND Zip Code 58703-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 25 / 2016
Transaction ID : C3393482
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 163.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 99 |
| <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. Hiehle, John, Frederick, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Westdale Avenue
1 Medical Center Blvd

| | | |
|--------------------|-------------|------------------------|
| City Swarthmore | State PA | Zip Code 19081-2223 |
|--------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Southeast Radiology, Ltd. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C3401194

Amount of Each Receipt this Period
120.00

Memo Item

B. Hill, Patrick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 Wynterhall Dr
PO Box 3428

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State WV | Zip Code 25309-8425 |
|--------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Loma Linda Univ Medical Center | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
817.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : C3401047

Amount of Each Receipt this Period
272.73

Memo Item

C. Ho, Michael, Nai Kong, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Medical Center Radiology 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 (for Individual) Medical Center Radiologists, I | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C3405776

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 692.73 |
| 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 99 |
| | <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. Hoagland, Lee, Eric, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 W Columbia St Ste 420
 City Evansville State IN Zip Code 47710-1782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evansville Radiology, PC Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 06 / 2016
Transaction ID : C3383277
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hopper, Orlin, Woodie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 E Geddes Suite 200 Mail Stop SKDL
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr-Vanderbi Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395742
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hopper, Orlin, Woodie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 E Geddes Suite 200 Mail Stop SKDL
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr-Vanderbi Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395793
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 135.00 |
| 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 36 OF 99 |
| | <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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ignacio, Elizabeth, Ann, ,

Mailing Address 71 Kamaiki Cir

| | | |
|-----------------|-------------|------------------------|
| City Kahului | State HI | Zip Code 96732-3153 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) 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 |
| 09 | / | 15 | / | 2016 |

Transaction ID : C3387418

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Johnson, Lester, Skolfield, ,

Mailing Address Med Ctr Radiologists, Inc
5544 Greenwich Rd

| | | |
|------------------------|-------------|-------------------|
| City Virginia Beach | State VA | Zip Code 23462 |
|------------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Medical Center Radiologists, Inc. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2016 |

Transaction ID : C3405777

Amount of Each Receipt this Period
249.99

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Johnstone, Peter, Anthony S, ,

Mailing Address 12902 Usf Magnolia Dr

| | | |
|---------------|-------------|------------------------|
| City Tampa | State FL | Zip Code 33612-9416 |
|---------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Moffitt Cancer Center | Occupation (for Individual) Radiation Oncologist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2016 |

Transaction ID : C3392551

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 449.99 |
| 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 37 OF 99 |
| | <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. Jones, Jeremy, York, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5202 Locust Street
 City Bellaire State TX Zip Code 77401-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Children's Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2016
Transaction ID : C3389591
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jones, William, Falkes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9477 E Shangri La Rd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85260-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3400943
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jordan, Sheryl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 Tenney Cir
 City Chapel Hill State NC Zip Code 27514-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina School of Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3389703
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 350.00 |
| 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 38 OF 99 |
| | <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. Kaji, Arjun, Vikram, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3477 Cedar Lane Dr
 1623 Medical Dr
 City Tallahassee State FL Zip Code 32312-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Tallahassee Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395764
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Kelly, Jason, Lincoln, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 S Clayton St
 City Denver State CO Zip Code 80210-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mass General Hosp Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395743
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kelly, Jason, Lincoln, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 S Clayton St
 City Denver State CO Zip Code 80210-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mass General Hosp Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395794
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| 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 99 |
| | <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. Kim, William, Jay, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016

Transaction ID : C3400931

Amount of Each Receipt this Period 17.86

Memo Item

B. Kim, William, Jay, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016

Transaction ID : C3400999

Amount of Each Receipt this Period 17.86

Memo Item

C. Kim, William, Jay, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016

Transaction ID : C3401034

Amount of Each Receipt this Period 17.86

Memo Item

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 40 OF 99 |
| <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. Kirby, Amy, Briana, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Pulchella Dr

| | | |
|-----------------------|-------------|------------------------|
| City Oklahoma City | State OK | Zip Code 73142-6810 |
|-----------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Eagle Eye Imaging | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
09 / 02 / 2016

Transaction ID : C3382841

Amount of Each Receipt this Period
85.00

Memo Item

B. Kleinman, Jay, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2130 Greenbrier Dr
175 East Chester Pike

| | | |
|-------------------|-------------|------------------------|
| City Villanova | State PA | Zip Code 19085-1708 |
|-------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Southeast Radiology, Ltd. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
09 / 30 / 2016

Transaction ID : C3401195

Amount of Each Receipt this Period
80.00

Memo Item

C. Kramer, Jeffrey, Paul, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Lancaster Radiology Associates | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 09 / 2016

Transaction ID : C3411989

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 265.00 |
| 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 99 |
| <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. Kresge, Carrie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Stoney Brook Blvd
 116 Harwicke Rd
 City Newtown Square State PA Zip Code 19073-3953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401196
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Kristy, Mark, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address West River Radiology
 PO Box 1110
 City Hettinger State ND Zip Code 58639-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West River Regional Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2016
Transaction ID : C3394618
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Krompecher, Adam, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Kanawha Valley Radiologists Inc
 PO Box 3428
 City Charleston State WV Zip Code 25334-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kanawha Valley Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 817.96

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401048
 Amount of Each Receipt this Period 272.73
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 892.73 |
| 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 99 |
| <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. Kuo, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13026 E Turquoise Ave
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85259-5341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) 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
 09 / 09 / 2016
Transaction ID : C3400944
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Lanier, Karah, Maher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 S Sea Breeze Trl
 6330 N Center Dr Ste 220 Bldg 13
 City Virginia Beach State VA Zip Code 23452-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : C3405778
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Leslie, Paul, Albert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2016
Transaction ID : C3411990
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 390.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 99 |
| | <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

A. Luebbert, Phillip, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9528 25th Bay St
5444 Greewich Rd Ste 200

City Norfolk State VA Zip Code 23518-1812

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

Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405779

Amount of Each Receipt this Period 249.99

Memo Item

B. Luethke, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395745

Amount of Each Receipt this Period 19.23

Memo Item

C. Luethke, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395795

Amount of Each Receipt this Period 19.23

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 288.45 |
| 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 99 |
| | <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. Maki, Daniel, Dawson, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Scottsdale Medical Imaging Ltd**
PO Box 1573

City **Scottsdale** State **AZ** Zip Code **85252-1573**

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

Name of Employer (for Individual) **Southwest Diagnostic Imaging** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **09 / 09 / 2016**

Transaction ID : C3400945

Amount of Each Receipt this Period **40.00**

Memo Item

B. Malde, Hiten, Maganlal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **7 Kinkaid Ave**
130 Kinderkamack Rd Ste 200

City **Closter** State **NJ** Zip Code **07624-2908**

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

Name of Employer (for Individual) **Hackensack Radiology Group** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 01 / 2016**

Transaction ID : C3400917

Amount of Each Receipt this Period **17.86**

Memo Item

C. Malde, Hiten, Maganlal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **7 Kinkaid Ave**
130 Kinderkamack Rd Ste 200

City **Closter** State **NJ** Zip Code **07624-2908**

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

Name of Employer (for Individual) **Hackensack Radiology Group** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **375.06**

Date of Receipt **09 / 15 / 2016**

Transaction ID : C3400985

Amount of Each Receipt this Period **17.86**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **75.72**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 99 |
| | <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. Malde, Hiten, Maganlal, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Kinkaid Ave
 130 Kinderkamack Rd Ste 200
 City Closter State NJ Zip Code 07624-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401020
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Malden, Eric, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 S Clayton Blvd
 3800 S Wadsworth Blvd Ste 250
 City Englewood State CO Zip Code 80113-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395746
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Malden, Eric, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 S Clayton Blvd
 3800 S Wadsworth Blvd Ste 250
 City Englewood State CO Zip Code 80113-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395796
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.32
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 99 |
| <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. Maloof, A, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 loudon heights rd
 City Charleston State WV Zip Code 25314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KVR, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 817.96

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401049
 Amount of Each Receipt this Period 272.73
 Memo Item

B. May, Christopher, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14627 E Paradise Dr
 3501 N Scottsdale Rd Ste 130
 City Fountain Hills State AZ Zip Code 85268-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3400946
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McGinty, Geraldine, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Avenue B Apt 3C
 City New York State NY Zip Code 10009-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2016
Transaction ID : C3383123
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 422.73 |
| 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 99 |
| | <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. McKenzie, Susan, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

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

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

Name of Employer (for Individual) **Medical Center Radiologists, I** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **766.66**

Date of Receipt **09 / 30 / 2016**

Transaction ID : C3405780

Amount of Each Receipt this Period **333.33**

Memo Item

B. McKinney, J, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mayo Clinic**
 4500 San Pablo Rd

City **Jacksonville** State **FL** Zip Code **32224**

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

Name of Employer (for Individual) **Mayo Clinic** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 03 / 2016**

Transaction ID : C3383074

Amount of Each Receipt this Period **40.00**

Memo Item

C. McKinstry, Robert, Carolin, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mallinckrodt Inst of Radiology**
 510 S Kingshighway Blvd

City **Saint Louis** State **MO** Zip Code **63110-1076**

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

Name of Employer (for Individual) **Washington University** Occupation (for Individual) **Neuro Radiologist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 21 / 2016**

Transaction ID : C3392234

Amount of Each Receipt this Period **50.00**

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 423.33 |
| 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 99 |
| | <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. MD, Robert, Pinsk, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Paoli Hospital
 255 W Lancaster Ave
 City Paoli State PA Zip Code 19301-1793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of the Main Line Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412066
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Mergo, Patricia, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 San Pablo Rd S
 4500 San Pablo Rd
 City Jacksonville State FL Zip Code 32224-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 12 / 2016
Transaction ID : C3411977
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Miller, Mitchell, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Constitution Ct Apt 1009
 130 Kinderkamack Rd
 City Hoboken State NJ Zip Code 07030-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400922
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 142.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 99 |
| | <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. Miller, Mitchell, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009
130 Kinderkamack Rd

| | | |
|-----------------|-------------|------------------------|
| City Hoboken | State NJ | Zip Code 07030-6730 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Radiologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 15 | | 2016 |

Transaction ID : C3400990

Amount of Each Receipt this Period
17.86

Memo Item

B. Miller, Mitchell, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009
130 Kinderkamack Rd

| | | |
|-----------------|-------------|------------------------|
| City Hoboken | State NJ | Zip Code 07030-6730 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Radiologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 29 | | 2016 |

Transaction ID : C3401025

Amount of Each Receipt this Period
17.86

Memo Item

C. Monoky, David, John, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

| | | |
|--------------------|-------------|------------------------|
| City River Edge | State NJ | Zip Code 07661-1931 |
|--------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hackensack | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
392.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 01 | | 2016 |

Transaction ID : C3400933

Amount of Each Receipt this Period
17.86

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 99 |
| | <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. Monoky, David, John, , MD

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

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **392.92**

Date of Receipt **09 / 15 / 2016**

Transaction ID : C3401001

Amount of Each Receipt this Period **17.86**

Memo Item

B. Monoky, David, John, , MD

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

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **392.92**

Date of Receipt **09 / 29 / 2016**

Transaction ID : C3401036

Amount of Each Receipt this Period **17.86**

Memo Item

C. Morgan, Jonathan, Asher, ,

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

Mailing Address 25 Roscommon Dr
116 Harwicke Rd

City Newtown Square State PA Zip Code 19073-3047

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

Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2016**

Transaction ID : C3401197

Amount of Each Receipt this Period **120.00**

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 155.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 99 |
| | <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. Moriarity, Andrew, Kent, , Dr.

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

Mailing Address 335 Bridge St NW Apt 2604
2485150160

City Grand Rapids State MI Zip Code 49504-5399

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

Name of Employer (for Individual) Advanced Radiology Services Occupation (for Individual) Radiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 22 / 2016

Transaction ID : C3392774

Amount of Each Receipt this Period 250.00

Memo Item

B. Morros, Demetrius, Konstantine, ,

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

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 (for Individual) Birmingham Radiological Group, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt 09 / 09 / 2016

Transaction ID : C3384573

Amount of Each Receipt this Period 83.34

Memo Item

C. Muetterties, Kurt, Andrew, ,

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

Mailing Address 239 Painter Rd

City Media State PA Zip Code 19063-4518

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

Name of Employer (for Individual) Southeast Radiology Ltd. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016

Transaction ID : C3401198

Amount of Each Receipt this Period 120.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 453.34 |
| 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 52 OF 99 |
| | <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. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.92

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400934
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.92

Date of Receipt 09 / 15 / 2016
Transaction ID : C3401002
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.92

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401037
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 53 OF 99 |
| <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. Nakhoda, Khozaim, Zein, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3831 Rotherfield Ln
 City Chadds Ford State PA Zip Code 19317-8925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401199
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Nicholson, Brandi, Tamara, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Tyree Ln
 City Charlottesville State VA Zip Code 22901-3204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3384574
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Nicola, Gregory, Neal, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Riverside Blvd Apt 14P
 City New York State NY Zip Code 10069-0314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400935
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 182.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 54 OF 99 |
| <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. Nicola, Gregory, Neal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10069-0314 |
|------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 15 | | 2016 |

Transaction ID : C3401003

Amount of Each Receipt this Period
17.86

Memo Item

B. Nicola, Gregory, Neal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10069-0314 |
|------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hackensack Radiology Group | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 29 | | 2016 |

Transaction ID : C3401038

Amount of Each Receipt this Period
17.86

Memo Item

C. O'Shea, Brendan, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 W Johnson St Apt 423

| | | |
|-----------------|-------------|------------------------|
| City Madison | State WI | Zip Code 53703-3490 |
|-----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Mercy Health Systems | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For: 2014
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2016 |

Transaction ID : C3385735

Amount of Each Receipt this Period
10.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 45.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 55 OF 99 |
| | (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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Oleinik, Eveleen, M, , | | | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 1021 Downshire Chase 5544 Greenwich Rd Ste 200 | | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y Y | 09 | | 30 | | 2016 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | |
| 09 | | 30 | | 2016 | | | | | | | | | | | |
| City Virginia Beach | | State VA | Zip Code 23452-6154 | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | Transaction ID : C3405781 | | | | | | | | | | | | |
| Name of Employer (for Individual) Medical Center Radiologists, Inc | | | Occupation (for Individual) Diagnostic Radiologist | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 150.00 | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Memo Item | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|------------------------------------|--|-------------|--|-------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oppenheimer, David, A, , | | | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 663 Kalmia Ave | | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y Y | 09 | | 28 | | 2016 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | |
| 09 | | 28 | | 2016 | | | | | | | | | | | |
| City Boulder | | State CO | Zip Code 80304-1735 | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | Transaction ID : C3394928 | | | | | | | | | | | | |
| Name of Employer (for Individual) Boulder Radiologists, Inc., P.C. | | | Occupation (for Individual) Diagnostic Radiologist | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Memo Item | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|--|-------------|--|-------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Osiason, Andrew, W, , | | | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 506 Julie Ct 130 Kinderkamack Rd Ste 200 | | | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2016</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y Y | 09 | | 01 | | 2016 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | |
| 09 | | 01 | | 2016 | | | | | | | | | | | |
| City Wyckoff | | State NJ | Zip Code 07481-1101 | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | Transaction ID : C3400936 | | | | | | | | | | | | |
| Name of Employer (for Individual) Hackensack Radiology Group | | | Occupation (for Individual) Diagnostic Radiologist | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 17.86 | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Memo Item | | | | | | | | | | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 99 |
| | <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. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 130 Kinderkamack Rd Ste 200
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3401004
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 130 Kinderkamack Rd Ste 200
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401039
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Ostrov, Steven, G, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3860 Bobbin Brook Cir
 City Tallahassee State FL Zip Code 32312-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Tallahassee, P Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395768
 Amount of Each Receipt this Period 1750.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1785.72 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 99 |
| | <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. Otte, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Glenmoor Cir
 City Englewood State CO Zip Code 80113-7121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 27 / 2016
Transaction ID : C3393967
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Owen, Rodney, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 09 / 09 / 2016
Transaction ID : C3400948
 Amount of Each Receipt this Period
 90.00
 Memo Item

C. Palmer, Chad, Coletti, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10678 E Palm Ridge Dr
 PO Box 3114
 City Scottsdale State AZ Zip Code 85255-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 09 / 2016
Transaction ID : C3400949
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| 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 58 OF 99 |
| | <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. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400923
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400991
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401026
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 99 |
| | <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. Park, Kip, Kang-il, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 Blue Heron Rd
 5544 Greenwich Rd Ste 200
 City Virginia Beach State VA Zip Code 23454-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405782
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Parker, Mark, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9254 Honeymoon Cottage Way
 City Mechanicsville State VA Zip Code 23116-5484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU/MCV Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2016
Transaction ID : C3391517
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Patel, Dhiren, Y, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Bluestone Dr
 City Lititz State PA Zip Code 17543-6900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3411991
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 540.00 |
| 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 60 OF 99 |
| | <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. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 130 Kinderkamack Rd Ste 200
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400925
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 130 Kinderkamack Rd Ste 200
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400993
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 130 Kinderkamack Rd Ste 200
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401028
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 99 |
| | <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. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 130 Kinderkamack Rd Ste 200
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400937
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 130 Kinderkamack Rd Ste 200
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3401005
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 130 Kinderkamack Rd Ste 200
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401040
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 99 |
| | <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. Rakow, Joel, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : C3400938
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Rakow, Joel, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : C3401006
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Rakow, Joel, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : C3401041
 Amount of Each Receipt this Period 17.86
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 99 |
| | <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. Ram, Sunil, Kumar, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12455 N 118th Way
PO Box 3114

City Scottsdale State AZ Zip Code 85259-2718

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

Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3400950

Amount of Each Receipt this Period 100.00

Memo Item

B. Ramprasad, Krish, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Harwicke Rd

City Springfield State PA Zip Code 19064

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

Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401201

Amount of Each Receipt this Period 120.00

Memo Item

C. Rao, Vikram, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address West County Radiological Group
555 N New Ballas Rd Ste 150

City Saint Louis State MO Zip Code 63141-6843

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

Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401014

Amount of Each Receipt this Period 42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 262.00 |
| 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 99 |
| | <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. Reeves, Terry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 E Presidio Rd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85254-4028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3400951
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Rhodes, Robert, A, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Maple Ct
 PO Box 7879
 City Athens State GA Zip Code 30606-5746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athens Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 07 / 2016
Transaction ID : C3383549
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395747
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 65 OF 99 |
| <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. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 19 / 2016
Transaction ID : C3395797
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rodgers, Daniel, A, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 S Gate Rd
 City Charleston State WV Zip Code 25314-2368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kanawha Valley Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401050
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Roth, Toni, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7849 Stanford Ave
 11475 Olde Cabin Rd Ste 200
 City Saint Louis State MO Zip Code 63130-3611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Illinois Neurosciences Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401015
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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 66 OF 99 |
| <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. Rotolo, Paul, D, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7866 SW 164th PI

| | | |
|---------------|-------------|------------------------|
| City Miami | State FL | Zip Code 33193-5750 |
|---------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) UPMC | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2016 |

Transaction ID : C3385736

Amount of Each Receipt this Period

| |
|-------|
| 16.50 |
|-------|

 Memo Item

B. Rotolo, Paul, D, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7866 SW 164th PI

| | | |
|---------------|-------------|------------------------|
| City Miami | State FL | Zip Code 33193-5750 |
|---------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) UPMC | Occupation (for Individual) Diagnostic Radiologist |
|---|---|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 19 | | 2016 |

Transaction ID : C3389779

Amount of Each Receipt this Period

| |
|-------|
| 15.00 |
|-------|

 Memo Item

C. Rubin, Eric, Matthew, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 Marcella Ln
1 Medical Center Blvd

| | | |
|---------------|-------------|------------------------|
| City Media | State PA | Zip Code 19063-2251 |
|---------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Southeast Radiology, Ltd. | Occupation (for Individual) Diagnostic Radiologist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

Transaction ID : C3401202

Amount of Each Receipt this Period

| |
|--------|
| 120.00 |
|--------|

 Memo Item

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 151.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 99 |
| | <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. Sachse, Hans, P E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 Faigle Rd
 City Portsmouth State VA Zip Code 23703-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.66

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405783
 Amount of Each Receipt this Period 333.33
 Memo Item

B. Saluk, Patricia, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 Winding Way
 City Media State PA Zip Code 19063-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401203
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Sandy, Arthur, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 Redmont Park Ln
 2240 Lakeshore Dr Ste 140
 City Birmingham State AL Zip Code 35205-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Imaging Assoc of AL Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2016
Transaction ID : C3394139
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 553.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 99 |
| | <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. Schwartz, Martin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2204 Lakeshore Dr Ste 140
 City Birmingham State AL Zip Code 35209-6741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Birmingham, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2016
Transaction ID : C3393018
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Schwartzman, Gregory, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Mill Brook Ln 401 W 15th St
 City Media State PA Zip Code 19063-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401204
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Shaves, Sarah, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Arrowhead Pt 6330 N Ctr Dr Bldg 13 Ste 220
 City Virginia Beach State VA Zip Code 23455-4407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405784
 Amount of Each Receipt this Period 150.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 320.00 |
| 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 99 |
| | <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. Simmons, Lonnie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Gundersen/Lutheran Med Ctr
 1900 South Ave C02-002
 City La Crosse State WI Zip Code 54601-5494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **09 / 24 / 2016**
Transaction ID : C3393441
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Skalina, Stefan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Brookside Rd
 1 Medical Center Blvd
 City Wallingford State PA Zip Code 19086-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : C3401205
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Smith, Kevin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 Connecticut Ave S Ste 100
 City Sartell State MN Zip Code 56377-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Diagnostic Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **09 / 28 / 2016**
Transaction ID : C3394341
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 303.34 |
| 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 70 OF 99 |
| | <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. Soeiro, Damon, Randall, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Southeast Radiology Ltd
116 Harwicke Rd

City Springfield State PA Zip Code 19064-2410

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

Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016

Transaction ID : C3401206

Amount of Each Receipt this Period 120.00

Memo Item

B. Sonin, Andrew, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1083 Rutherford Way
10700 E. Geddes Ave, Suite 200

City Highlands Ranch State CO Zip Code 80126-4762

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 09 / 2016

Transaction ID : C3395748

Amount of Each Receipt this Period 20.00

Memo Item

C. Sonin, Andrew, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1083 Rutherford Way
10700 E. Geddes Ave, Suite 200

City Highlands Ranch State CO Zip Code 80126-4762

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 19 / 2016

Transaction ID : C3395799

Amount of Each Receipt this Period 20.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 160.00 |
| 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 99 |
| | <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. Specht, Adam, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3309 Chappell Pl
 City Virginia Beach State VA Zip Code 23452-6290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCR, Inc Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 919.98

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405785
 Amount of Each Receipt this Period 399.99
 Memo Item

B. Stein, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Bryn Mawr Hospital
 130 S Bryn Mawr Ave
 City Bryn Mawr State PA Zip Code 19010-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of the Main Line Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.74

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412067
 Amount of Each Receipt this Period 108.34
 Memo Item

C. Stoane, Jason, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2369 N Shore Rd
 City Bellingham State WA Zip Code 98226-7851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Radiologists Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2016
Transaction ID : C3394925
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1508.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 72 OF 99 |
| <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. Stock, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Plush Mill Road
 City Wallingford State PA Zip Code 19086-6018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401207
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Stolpen, Alan, Howard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Iowa Hosp and Clinics Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2016
Transaction ID : C3394140
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sweeney, Timothy, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Associates of Tallahassee
 1600 Phillips Rd
 City Tallahassee State FL Zip Code 32308-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Tallahassee, P Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395767
 Amount of Each Receipt this Period 1750.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2370.00 |
| 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 99 |
| | <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. Taxin, Richard, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Hilltop Rd
 1 Medical Center Blvd
 City Rose Valley State PA Zip Code 19086-6216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401208
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Teague, Shawn, DeWayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 Uinta St
 City Denver State CO Zip Code 80238-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Univ School of Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2016
Transaction ID : C3411976
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Thomas, Richard, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 Kemp Bridge Ln
 5544 Greenwich Rd Ste 200
 City Chesapeake State VA Zip Code 23320-5056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3405786
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 520.00 |
| 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 99 |
| | <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. Thomasson, Jeffrey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Brookside Ln
 615 S New Ballas Rd
 City Saint Louis State MO Zip Code 63124-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3401016
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400915
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400983
 Amount of Each Receipt this Period 17.86
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 110.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 99 |
| | <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. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10075-0515
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401018
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Travis, Mitchell, E F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10517 Maple Springs Cv
 City Fort Wayne State IN Zip Code 46845-2132
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 28 / 2016
Transaction ID : C3394617
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Wahba, Peter, R, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Woodhill Ln
 City Media State PA Zip Code 19063-1964
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : C3412068
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 557.86 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 99 |
| | <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. Wattamwar, Anoop, S, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 Wilfred Ter

| | | |
|------------------------|-------------|------------------------|
| City Cliffside Park | State NJ | Zip Code 07010-1401 |
|------------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hackensack | Occupation (for Individual) Radiologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 01 | | 2016 |

Transaction ID : C3400926

Amount of Each Receipt this Period

| |
|-------|
| 17.86 |
|-------|

 Memo Item

B. Wattamwar, Anoop, S, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 Wilfred Ter

| | | |
|------------------------|-------------|------------------------|
| City Cliffside Park | State NJ | Zip Code 07010-1401 |
|------------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hackensack | Occupation (for Individual) Radiologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 15 | | 2016 |

Transaction ID : C3400994

Amount of Each Receipt this Period

| |
|-------|
| 17.86 |
|-------|

 Memo Item

C. Wattamwar, Anoop, S, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 Wilfred Ter

| | | |
|------------------------|-------------|------------------------|
| City Cliffside Park | State NJ | Zip Code 07010-1401 |
|------------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hackensack | Occupation (for Individual) Radiologist |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
357.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 29 | | 2016 |

Transaction ID : C3401029

Amount of Each Receipt this Period

| |
|-------|
| 17.86 |
|-------|

 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 77 OF 99 |
| <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. Westacott, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3411993
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wilson, C, Amy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Southeast Radiology Ltd 116 Harwicke Rd
 City Springfield State PA Zip Code 19064-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C3401209
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Wittry, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10525 Concord School Rd 11475 Olde Cabin Road Ste 200
 City Saint Louis State MO Zip Code 63128-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group, Inc. Occupation (for Individual) Cardiac Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 14 / 2016
Transaction ID : C3387004
 Amount of Each Receipt this Period 83.34
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 303.34 |
| 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 78 OF 99 |
| | <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. Yang, Clement, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 W 59th St Apt 19E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10019-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 01 / 2016
Transaction ID : C3400919
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Yang, Clement, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 W 59th St Apt 19E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10019-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 15 / 2016
Transaction ID : C3400987
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Yang, Clement, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 W 59th St Apt 19E
 130 Kinderkamack Rd Ste 200
 City New York State NY Zip Code 10019-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 09 / 29 / 2016
Transaction ID : C3401022
 Amount of Each Receipt this Period 17.86
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 79 OF 99 |
| <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. Yang, Daniel, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 12219
 City Tallahassee State FL Zip Code 32317-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Tallahassee, P Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 09 / 2016
Transaction ID : C3395771
 Amount of Each Receipt this Period 1750.00
 Memo Item

B. Yeh, Mark, Ming-Yi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Cordova St Unit 311
 City Pasadena State CA Zip Code 91101-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark M. Yeh MD Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C3392553
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Zander, David, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Walden St Unit 1
 City Cambridge State MA Zip Code 02140-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Eye and Ear Association Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2016
Transaction ID : C3387419
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1850.00 |
| TOTAL This Period (last page this line number only)..... | 29996.77 |

**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"/> 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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

FEC Identification Number

C

Transaction ID : D176750

Amount of Each Disbursement this Period

471.57

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

471.57

471.57

**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"/> 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. KEYSTONE AMERICA PAC

Mailing Address 700 13TH STREET
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 7 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C C00439992

Transaction ID : D176056

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Keeping Republican Ideas Strong Timely & Inventive (KRISTI PAC)

Mailing Address PO Box 312

City
Sioux Falls

State
SD

Zip Code
57101-0312

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 7 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C C00493809

Transaction ID : D176059

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C C00415208

Transaction ID : D176732

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Loretta Sanchez for US Senate 2016

Mailing Address PO Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00578344

Transaction ID : D175704

Amount of Each Disbursement this Period

2000.00

Memo Item

B. ORRINPAC

Full Name (Last, First, Middle Initial)

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

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

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00235572

Transaction ID : D176070

Amount of Each Disbursement this Period

5000.00

Memo Item

C. Friends of Raja for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00575092

Transaction ID : D175707

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

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"/> 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. BERA FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address POST OFFICE BOX 582496 | | FEC Identification Number C00461061 Transaction ID : D176749 |
| City ELK GROVE | State CA | Zip Code 95758 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Bera, Ami, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 07 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BERA FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address POST OFFICE BOX 582496 | | FEC Identification Number C00461061 Transaction ID : D176191 |
| City ELK GROVE | State CA | Zip Code 95758 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Bera, Ami, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 07 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MCCOLLUM FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 16 / 2016 |
| Mailing Address P.O. BOX 14131 | | FEC Identification Number C00354688 Transaction ID : D175706 |
| City ST. PAUL | State MN | Zip Code 55114 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 3500.00 |
| Candidate Name McCollum, Betty, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MN District: 04 | | |

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

7500.00

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"/> 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

A. BILL FLORES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Flores, Bill, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 17

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00472241

Transaction ID : D176069

Amount of Each Disbursement this Period

2000.00

Memo Item

B. PASCRELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Pascrell, Bill, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C C00313510

Transaction ID : D176188

Amount of Each Disbursement this Period

2000.00

Memo Item

C. BLAINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1025

City JEFFERSON CITY State MO Zip Code 65102

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Luetkemeyer, Blaine, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 03

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00458679

Transaction ID : D176065

Amount of Each Disbursement this Period

3000.00

Memo Item

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

7000.00

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"/> 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. LATTA FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address PO BOX 106 | | FEC Identification Number C00438697 Transaction ID : D176061 Amount of Each Disbursement this Period 5000.00 |
| City BOWLING GREEN | State OH | Zip Code 43402 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/Type |
| Candidate Name Latta, Bob, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH | District: 05 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CITIZENS FOR RUSH | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address P. O. BOX 7292 | | FEC Identification Number C00257121 Transaction ID : D176187 Amount of Each Disbursement this Period 2000.00 |
| City CHICAGO | State IL | Zip Code 60680 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/Type |
| Candidate Name Rush, Bobby, L., Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IL | District: 01 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 9639 | | FEC Identification Number C00445023 Transaction ID : D176180 Amount of Each Disbursement this Period 1500.00 |
| City BOWLING GREEN | State KY | Zip Code 42102 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/Type |
| Candidate Name Guthrie, Brett, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: KY | District: 02 | <input type="checkbox"/> Memo Item |

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

8500.00

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"/> 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 CHERI BUSTOS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address P.O. BOX 77 | | FEC Identification Number C00498568 Transaction ID : D176058 |
| City EAST MOLINE | State IL | Zip Code 61244 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Bustos, Cheri, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: IL | District: 17 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. COLLINS FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 386 | | FEC Identification Number C00520379 Transaction ID : D176178 |
| City CLARENCE | State NY | Zip Code 14031 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 1500.00 |
| Candidate Name Collins, Chris, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NY | District: 27 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. DEVIN NUNES CAMPAIGN COMMITTEE | | Date of Disbursement MM / DD / YYYY 09 / 16 / 2016 |
| Mailing Address PO BOX 6545 | | FEC Identification Number C00370056 Transaction ID : D175705 |
| City VISALIA | State CA | Zip Code 93290 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name Nunes, Devin, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: CA | District: 22 | |

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

8500.00

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"/> 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. BLUMENAUER FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address 830 NE HOLLADAY, #105 | | FEC Identification Number C C00307314 Transaction ID : D176185 Amount of Each Disbursement this Period 1000.00 |
| City PORTLAND | State OR | Zip Code 97232 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Blumenauer, Earl, , Rep., | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OR | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF ERIK PAULSEN | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address P.O. BOX 44369 | | FEC Identification Number C C00439661 Transaction ID : D176062 Amount of Each Disbursement this Period 5000.00 |
| City EDEN PRAIRIE | State MN | Zip Code 55344 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Paulsen, Erik, , Rep., | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MN | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. JENKINS FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address PO BOX 727 | | FEC Identification Number C C00548271 Transaction ID : D176064 Amount of Each Disbursement this Period 1500.00 |
| City HUNTINGTON | State WV | Zip Code 25711 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Jenkins, Evan, , Rep., | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WV | District: 03 | |

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

7500.00

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"/> 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 | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 727 | | FEC Identification Number C C00548271 Transaction ID : D176192 |
| City HUNTINGTON | State WV | Zip Code 25711 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Jenkins, Evan, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: WV | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BILIRAKIS FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address PO BOX 606 | | FEC Identification Number C C00408534 Transaction ID : D176075 |
| City TARPON SPRINGS | State FL | Zip Code 34688 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Bilirakis, Gus, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: FL | District: 12 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BILIRAKIS FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 606 | | FEC Identification Number C C00408534 Transaction ID : D176175 |
| City TARPON SPRINGS | State FL | Zip Code 34688 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Bilirakis, Gus, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: FL | District: 12 | |

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

7000.00

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"/> 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

A. SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Schakowsky, Jan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00327023

Transaction ID : D176076

Amount of Each Disbursement this Period

5000.00

Memo Item

B. JOE KENNEDY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 590464

City Newton Center State MA Zip Code 02459

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Kennedy, Joseph, P., Rep., III

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00512970

Transaction ID : D176073

Amount of Each Disbursement this Period

2000.00

Memo Item

C. KRISTI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Noem, Kristi, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SD District: 01

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C C00476853

Transaction ID : D176186

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. BUCSHON FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 250 | | FEC Identification Number C00468256 Transaction ID : D176177 Amount of Each Disbursement this Period 2500.00 |
| City NEWBURGH | State IN | Zip Code 47629 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Bucshon, Larry, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IN | District: 08 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LANCE FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 225 | | FEC Identification Number C00444224 Transaction ID : D176181 Amount of Each Disbursement this Period 2000.00 |
| City COLONIA | State NJ | Zip Code 07067 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Lance, Leonard, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ | District: 07 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MARTHA ROBY FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address PO BOX 195 | | FEC Identification Number C00462143 Transaction ID : D176071 Amount of Each Disbursement this Period 2000.00 |
| City MONTGOMERY | State AL | Zip Code 36101 |
| Purpose of Disbursement Contribution to a federal campaign | | Category/ Type |
| Candidate Name Roby, Martha, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AL | District: 02 | <input type="checkbox"/> Memo Item |

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

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

| |
|---------|
| 6500.00 |
| |

**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"/> 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. 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

Burgess, Michael, C., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C C00372532

Transaction ID : D176183

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City
CHRISTIANSBURG

State
VA

Zip Code
24068

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Griffith, Morgan, Morgan, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C C00477240

Transaction ID : D176179

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City
CHRISTIANSBURG

State
VA

Zip Code
24068

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name

Griffith, Morgan, Morgan, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00477240

Transaction ID : D176067

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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"/> 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

A. HOYER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Hoyer, Steny, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C00140715
Transaction ID : D176057
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. FRIENDS OF SUSAN BROOKS

Full Name (Last, First, Middle Initial)
Mailing Address 9425 N MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Brooks, Susan, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 05

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C00500207
Transaction ID : D176176
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
Murphy, Tim, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 18

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C00372201
Transaction ID : D176182
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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"/> 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. COLE FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address P.O. BOX 722256 | | FEC Identification Number C C00379735 Transaction ID : D176184 |
| City NORMAN | State OK | Zip Code 73070 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 1500.00 |
| Candidate Name Cole, Tom, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OK | District: 04 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. TOM MACARTHUR FOR CONGRESS INC. | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address PO BOX 999 | | FEC Identification Number C C00557520 Transaction ID : D176060 |
| City EDISON | State NJ | Zip Code 88180 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name MacArthur, Tom, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ | District: 03 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. TOM REED FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address PO BOX 391 | | FEC Identification Number C C00464032 Transaction ID : D176189 |
| City GENEVA | State NY | Zip Code 14456 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Reed, Tom, , Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY | District: 23 | <input type="checkbox"/> Memo Item |

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

8500.00

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"/> 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. CLARKE FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2016 |
| Mailing Address 111-36 200TH. STREET | | FEC Identification Number C 000415331 Transaction ID : D176190 |
| City HOLLIS | State NY | Zip Code 11412 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name Clarke, Yvette, D., Rep., | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NY | District: 09 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SAC PAC | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address P.O. Box 83142 | | FEC Identification Number C 000165548 Transaction ID : D176068 |
| City Gaitesburg | State MD | Zip Code 20883 |
| Purpose of Disbursement Contribution to a leadership PAC | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item |
| State: | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE INC | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2016 |
| Mailing Address PO BOX 1000 | | FEC Identification Number C 000230482 Transaction ID : D175843 |
| City DES MOINES | State IA | Zip Code 50304 |
| Purpose of Disbursement Contribution to a federal campaign | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name Grassley, Charles, E., Sen., | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: IA | District: 00 | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 12000.00 |
| 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"/> 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

A. FRIENDS OF JOHN MCCAIN INC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to a federal campaign

Candidate Name
McCain, John, , Sen.,

Office Sought: House Senate President
State: AZ District: 00

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C 000540310
Transaction ID : D176066
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. STEVE PAC

Full Name (Last, First, Middle Initial)
Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to a leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C 000501478
Transaction ID : D176063
Amount of Each Disbursement this Period: 5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 128500.00 |

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) American College of Radiology Association PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343459 </div> |
|---|---|

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | |
|--|---|---|-------------------|-------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 21 / 2016 </div> | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 51728.92 </div> | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20003</td> </tr> </table> | | City Washington | State DC | Zip Code 20003 |
| City Washington | | State DC | Zip Code 20003 | |
| Purpose of Expenditure Printed Advertising for Mailing | Category/Type | | | |
| Name of Federal Candidate: Ayotte, Kelly, , Sen., | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>NH</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 173964.84 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | |
|--|---|---|-------------------|-------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 21 / 2016 </div> | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 51258.75 </div> | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20003</td> </tr> </table> | | City Washington | State DC | Zip Code 20003 |
| City Washington | | State DC | Zip Code 20003 | |
| Purpose of Expenditure Printed Advertising for Mailing | Category/Type | | | |
| Name of Federal Candidate: Blunt, Roy, , Sen., | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>MO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 123085.50 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 102987.67 </div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taxin, Richard, , MD

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) American College of Radiology Association PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00343459 </div> |
|---|---|

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | | | | |
|---|--|-------|----------|----------|------------|----|-------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 | | | | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22500.00</div> Transaction ID : D175960 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003</td> </tr> </table> | | City | State | Zip Code | Washington | DC | 20003 |
| City | | State | Zip Code | | | | |
| Washington | DC | 20003 | | | | | |
| Purpose of Expenditure Internet Ad | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Blunt, Roy, , Sen., | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 123085.50 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|---|--|-------|----------|----------|------------|----|-------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 | | | | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">72500.00</div> Transaction ID : D175961 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003</td> </tr> </table> | | City | State | Zip Code | Washington | DC | 20003 |
| City | | State | Zip Code | | | | |
| Washington | DC | 20003 | | | | | |
| Purpose of Expenditure Internet Ad | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Ayotte, Kelly, , Sen., | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 173964.84 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">95000.00</div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taxin, Richard, , MD
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) American College of Radiology Association PAC | FEC IDENTIFICATION NUMBER ▼ C C00343459 |
|---|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|---|--|
| Full Name of Payee SRCP Media <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 201 N Union St, Suite 200 | Amount <input type="text"/> |
| City Alexandria State VA Zip Code 22314 | Transaction ID : D175915 |
| Purpose of Expenditure Radio Ad Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: Burr, Richard, M., Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 122162.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--|
| Full Name of Payee Prevail Strategies <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <input type="text"/> |
| City Washington State DC Zip Code 20003 | Transaction ID : D175962 |
| Purpose of Expenditure Printed Advertising for Mailing Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: Ayotte, Kelly, , Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 173964.84 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 167397.92 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <input type="text"/> |
| (a) TOTAL Independent Expenditures | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taxin, Richard, , MD [Electronically Filed] Date / /
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) American College of Radiology Association PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00343459 </div> |
|---|---|

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | | | | |
|---|--|-------|----------|----------|------------|----|-------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016 | | | | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">49326.75</div> Transaction ID : D175963 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016 | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003</td> </tr> </table> | | City | State | Zip Code | Washington | DC | 20003 |
| City | | State | Zip Code | | | | |
| Washington | DC | 20003 | | | | | |
| Purpose of Expenditure Printed Advertising for Mailing | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Blunt, Roy, , Sen., | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">123085.50</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|---|---|-------|----------|----------|------------|----|-------|
| Full Name of Payee <input type="checkbox"/> Memo Item Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016 | | | | | | |
| Mailing Address 415 New Jersey Ave SE Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4500.00</div> Transaction ID : D175965 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016 | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003</td> </tr> </table> | | City | State | Zip Code | Washington | DC | 20003 |
| City | | State | Zip Code | | | | |
| Washington | DC | 20003 | | | | | |
| Purpose of Expenditure Radio Ad Development | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Burr, Richard, M., Sen., | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">122162.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">53826.75</div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">419212.34</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taxin, Richard, , MD **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
 Signature