

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street) ▼

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2016

through

M M M / D D D / Y Y Y Y Y Y
05 31 2016

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

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 858900.63 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 925216.90 | |
| (c) Total Receipts (from Line 19) | 195752.67 | 676640.76 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1120969.57 | 1535541.39 |
| 7. Total Disbursements (from Line 31) | 0.00 | 414571.82 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1120969.57 | 1120969.57 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

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

| 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)..... | 178604.02 | 590423.93 |
| (ii) Unitemized | 17148.65 | 86216.83 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶ | 195752.67 | 676640.76 |
| (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) | 195752.67 | 676640.76 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 195752.67 | 676640.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 195752.67 | 676640.76 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 4821.35 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 4821.35 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 333500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 76250.47 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 414571.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 414571.82 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 195752.67 | 676640.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 195752.67 | 676640.76 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 4821.35 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 4821.35 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 146
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ole Sami AassarMailing Address Charlotte Radiology
PO Box 36937

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337638

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Essmaeel H Abdel-Dayem MD

Mailing Address 25 Thatcher St Apt 5

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Brookline | MA | 02446-3532 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337512

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Edward AglesMailing Address Radiology Associates
1673 Mason Ave Ste 305

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Daytona Beach | FL | 32117-5516 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312209

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1310.00

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

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

FOR LINE NUMBER: PAGE 7 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Rauf Ahmed

Mailing Address 1900 Fairview Ave

City State Zip Code
 Dothan AL 36301-3008

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : C3312700

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher H Aikens

Mailing Address 1621 Wembley Hills Rd

City State Zip Code
 Knoxville TN 37922-8583

FEC ID number of contributing federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3330812

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Alan Alexander MD

Mailing Address University Of Washington
 1959 NE Pacific St Box 357115

City State Zip Code
 Seattle WA 98195-7115

FEC ID number of contributing federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : C3300770

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 8 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Julia A Alexander

Mailing Address 1900 Fairview Ave

City State Zip Code
 Dothan AL 36301-3008

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : C3312701

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Josie Ruth Alpers

Mailing Address 6609 East Split Rock Circle

City State Zip Code
 Sioux Falls SD 57110

FEC ID number of contributing federal political committee.

C

Name of Employer

Avera

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : C3313670

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark David Alson

Mailing Address 231 W Fir Ave

City State Zip Code
 Clovis CA 93611-0220

FEC ID number of contributing federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3322987

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

1075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Rafael A AltieriMailing Address South Shore Radiological Associate
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Radiological AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016**Transaction ID : C3337513**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wesley A Angel MDMailing Address Memphis Radiological PC
7695 Poplar Pike

City Germantown State TN Zip Code 38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Radiological PCOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2016**Transaction ID : C3307841**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wesley A Angel MDMailing Address Memphis Radiological PC
7695 Poplar Pike

City Germantown State TN Zip Code 38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Radiological PCOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016**Transaction ID : C3327338**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

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)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Wesley A Angel MD

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

City State Zip Code
Germantown TN 38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 29 / 2016

Transaction ID : C3324063

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas A Applewhite

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

City State Zip Code
Saint Louis MO 63141-7129

FEC ID number of contributing
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 02 / 2016

Transaction ID : C3318940

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lawrence Eugene Arrington

Mailing Address **1125 Troupe St**

City State Zip Code
Augusta GA 30904-4480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330826

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

675.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Matthew W Backer MD

Mailing Address Pueblo Radiology
PO Box 1326

City State Zip Code
Santa Barbara CA 93102-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : C3312216

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel Austin Baker MD

Mailing Address 304 Brooke Valley Blvd

City State Zip Code
Knoxville TN 37922-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330809

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Lee Ballard

Mailing Address PO Box 59569

City State Zip Code
Birmingham AL 35259-9569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : C3337564

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jason E Barksdale

Mailing Address UCSD Medical Center
4094 4th Ave Ste 200

City State Zip Code
San Diego CA 92103-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : C3312217

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard G Bates

Mailing Address 6229 River Grove Cv

City State Zip Code
Memphis TN 38120-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3327339

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Howard Marshall Bear

Mailing Address SDRS
10150 Sorrento Valley Rd Ste 321

City State Zip Code
San Diego CA 92121-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Diego Imaging Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : C3308896

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1450.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Murray David Becker

Mailing Address 56 Independence Dr

City

East Brunswick

State

NJ

Zip Code

08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3337569

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William W Beckett JR

Mailing Address Radiology Associates of Dothan
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2016

Transaction ID : C3312702

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ernest S Behnke MD

Mailing Address Memphis Radiological PC
7695 Poplar Pike

City

Germantown

State

TN

Zip Code

38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327340

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. D Lee Bennett

Mailing Address 200 Hawkins Dr

City
Iowa CityState
IAZip Code
52242-1009FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C3330840

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth G BerkenstockMailing Address Lancaster Radiology Associates
PO Box 3555City
LancasterState
PAZip Code
17604-3555FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 6 |

Transaction ID : C3337724

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leonard Berlin

Mailing Address 518 Meadow Drive West

City
WilmetteState
ILZip Code
60091FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 2 | | 2 | 0 | 1 | 6 |

Transaction ID : C3313707

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mark O Bernardy

Mailing Address PO Box 16118

City

Savannah

State

GA

Zip Code

31416-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337571

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Andrew Bernauer

Mailing Address PO Box 117

City

Appleton

State

WI

Zip Code

54912-0117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3317618

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steven F Berrett

Mailing Address 608 Corriente Ct

City

Camarillo

State

CA

Zip Code

93010-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312218

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Brandon Berry MDMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337355

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alfred James Beyer IIIMailing Address Coastal Radiology
PO Box 12038

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New Bern | NC | 28561 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3338160

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James S BezrehMailing Address South Shore Hospital
55 Fogg Rd

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| South Weymouth | MA | 02190-2455 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337514

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

386.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John A Black

Mailing Address 2020 Spanish Wells Dr

City

Wilmington

State

NC

Zip Code

28405-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaney Radiologists, PA

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2016

Transaction ID : C3306300

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. M Dean Black MD

Mailing Address 4730 La Puma Ct

City

Camarillo

State

CA

Zip Code

93012-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312219

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Joseph P Blankinship MD

Mailing Address Memphis Radiological PC
7695 Poplar Pike

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327341

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1900.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Gary Marc Blum

Mailing Address Pueblo Radiology

2320 Bath St Ste 208

City

Santa Barbara

State

CA

Zip Code

93105-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : C3312220

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Adam Boals

Mailing Address Memphis Radiological P.C.

7695 Poplar Pike, Suite 101

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3327342

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James William Boals JR

Mailing Address 2495 Birnam Wood Dr

City

Germantown

State

TN

Zip Code

38138-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3327344

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

2200.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Robertson Boals

Mailing Address **Memphis Radiological PC**
7695 Poplar Pike Ste 101

City State Zip Code
Germantown TN 38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327343

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. J Scott Bolton MD

Mailing Address **Radiology Associates of Dothan**
1900 Fairview Ave

City State Zip Code
Dothan AL 36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Radiology Associates of Dothan, P.C.

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2016

Transaction ID : C3312703

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan P Brady MD

Mailing Address **Univ of Minnesota School of Med**
420 Delaware St SE

City State Zip Code
Minneapolis MN 55455-0392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Park Nicollet Health Services

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3317108

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David Andrew Brink

Mailing Address 106 Nottoway Blvd

City

Dothan

State

AL

Zip Code

36303-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312704

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maria Teresa BrooksMailing Address Memphis Radiological PC
1661 International Dr Ste 350

City

Memphis

State

TN

Zip Code

38120-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327345

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William S Brooks III

Mailing Address 1125 Troupe St

City

Augusta

State

GA

Zip Code

30904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330830

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1275.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen Longmoor Brown

Mailing Address Austin Cancer Centers
PO Box 49529

City State Zip Code
Austin TX 78765-9529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337634

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Edward Buechner

Mailing Address 9363 Grove Hollow Ln

City State Zip Code
Germantown TN 38139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3327346

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Samuel J Buff

Mailing Address Coastal Radiology
Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Coastal Radiology Associates

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : C3338161

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

810.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jason Robert Cameron MD

Mailing Address Abercrombie Radiology
 1112 Weisgerber Rd

City State Zip Code
 Knoxville TN 37909

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Individual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3330815

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Justin John Campbell MD

Mailing Address South Shore Hospital
 55 Fogg Rd

City State Zip Code
 South Weymouth MA 02190-2432

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : C3337515

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Oscar F Carbonell

Mailing Address Suncoast Radiology PA
 500 Memorial Cir Ste E2

City State Zip Code
 Ormond Beach FL 32174-5054

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : C3312195

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1350.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Joseph Carmody

Mailing Address 14162 Willow Dr

City

State

Zip Code

Clive

IA

50325-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Health Care Solutions

Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3337640

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Thomas Carroll

Mailing Address Radiology Associates
1673 Mason Ave Ste 305

City

State

Zip Code

Daytona Beach

FL

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Radiology Associates

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312196

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Paul Clay Carruth

Mailing Address Memphis Radiological PC
7695 Poplar Pike Ste 101

City

State

Zip Code

Germantown

TN

38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dept of Radiology

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327347

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 146

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Melanie Pockey Caserta MD

Mailing Address 4500 San Pablo Rd S

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3337641

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christina Marie ChaconasMailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337654

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael I ChaliffMailing Address Diagnostic Imaging Specialists
6000 Lake Forest Dr Ste 475

City

Atlanta

State

GA

Zip Code

30328-3898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diagnostic Imaging Specialists, P.A..

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 06 | / | 2016 |

Transaction ID : C3308140

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

920.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Aaron Chambers MD

Mailing Address West County Radiology Grp
1005 Des Peres Woods Ct

City State Zip Code
Des Peres MO 63131-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : C3318941

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. C Peter Chang

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3337657

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Miles Chia-Chih Chang

Mailing Address 25 Trinity

City State Zip Code
Irvine CA 92612

FEC ID number of contributing
federal political committee.

C

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : C3309151

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

745.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 146
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Shelley K CharnoffMailing Address South Shore Hospital
55 Fogg Rd

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| South Weymouth | MA | 02190-2432 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337516

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raja Sekhar Cheruvu

Mailing Address 21 Skyline Dr

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Latham | NY | 12110-5221 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Windsong Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.46

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3305779

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Luke Paul Cheung

Mailing Address 36 Plumeria

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Irvine | CA | 92620 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3309153

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.50

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Keith Chew

Mailing Address 18 Hawks Nest

City State Zip Code
 Chatham IL 62629-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

McKesson

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : C3337645

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jing-Tzyh Alan Chiang MD

Mailing Address 10700 E Geddes Ave Ste 200

City State Zip Code
 Englewood CO 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C3321406

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jing-Tzyh Alan Chiang MD

Mailing Address 10700 E Geddes Ave Ste 200

City State Zip Code
 Englewood CO 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3330848

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Karl S Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City Greenville State NC Zip Code 27834-2801

FEC ID number of contributing federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation
Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3337356

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kyu H Choi

Mailing Address 5448 Calarosa Ranch Rd

City Camarillo State CA Zip Code 93012-9088

FEC ID number of contributing federal political committee.

C

Name of Employer
Pueblo Radiology

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312221

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eve Dillman Clark MD

Mailing Address UIHC Dept of Radiology, 3887 JPP
200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee.

C

Name of Employer
Univ. of Iowa Physicians

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3337650

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ramona R Clark

Mailing Address 1250 Mesa Rd

City

Santa Barbara

State

CA

Zip Code

93108-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Med Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : C3312222

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy J ClarkMailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : C3337357

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jonathan Daniel ClementeMailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3337658

Amount of Each Receipt this Period

420.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1546.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Harris Luther Cohen

Mailing Address 5639 Ashley Sq S

City

Memphis

State

TN

Zip Code

38120-2470

FEC ID number of contributing
federal political committee.

C

Name of Employer

U of TN

Occupation

Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3337651

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pedro Collazo-Ornes

Mailing Address PO Box 9024255

City

San Juan

State

PR

Zip Code

00902-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer

SP RADIOLOGY, PSC

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 18 / 2016

Transaction ID : C3317378

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Philip S Cook

Mailing Address 664 Mourning Dove Dr

City

Sarasota

State

FL

Zip Code

34236-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMH Radiologists Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2016

Transaction ID : C3337653

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2100.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Amanda Susan Corey

Mailing Address 1364 Clifton Rd NE

City State Zip Code
 Atlanta GA 30322-1059

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Alabama

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : C3337656

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph E Cox

Mailing Address Radiology Associates
1673 Mason Ave Ste 305

City State Zip Code
 Daytona Beach FL 32117-5516

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : C3312197

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Michael Cregan

Mailing Address Wayne Radiologists
PO Box 1757

City State Zip Code
 Goldsboro NC 27533-1757

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2016

Transaction ID : C3337660

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1550.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Andrew Crummy

Mailing Address 2509 Middleton Beach Rd

City

Madison

State

WI

Zip Code

53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.10

Date of Receipt

05 / 05 / 2016

Transaction ID : C3307842

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Andrew Crummy

Mailing Address 2509 Middleton Beach Rd

City

Madison

State

WI

Zip Code

53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.10

Date of Receipt

05 / 17 / 2016

Transaction ID : C3337662

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donna K Culhane

Mailing Address Abercrombie Radiology
1112 Weisgarber Rd

City

Knoxville

State

TN

Zip Code

37909-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3330806

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

630.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Francis Gregory Curtin

Mailing Address Abercrombie Rad Cons

1112 Weisgarber Rd Ste 201

City

Knoxville

State

TN

Zip Code

37909-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3337665

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Francis Gregory Curtin

Mailing Address Abercrombie Rad Cons

1112 Weisgarber Rd Ste 201

City

Knoxville

State

TN

Zip Code

37909-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330808

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Elizabeth Gilbert D'Angelo

Mailing Address Coastal Radiology

PO Box 12038

City

New Bern

State

NC

Zip Code

28561-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3338162

Amount of Each Receipt this Period

160.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

510.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Neal C Dalrymple

Mailing Address UTHSCSA MS 7800

7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Radiological Society

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312717

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keith C Dangleis

Mailing Address RIA

10700 E Geddes Ave Ste 200

City

Englewood

State

CO

Zip Code

80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3321407

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Keith C Dangleis

Mailing Address RIA

10700 E Geddes Ave Ste 200

City

Englewood

State

CO

Zip Code

80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330849

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1038.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Bolivia T DavisMailing Address Army DCNG JFHQ
2001 East Capitol St

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20003-1719 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Imaging on Call

Radiologist

Receipt For: 2014

☒ 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 |
| 05 | / | 08 | / | 2016 |

Transaction ID : C3308923

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James B Davis

Mailing Address 1125 Troupe St

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Augusta | GA | 30904-4480 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brown and Associates

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330822

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randall Andrew Davis

Mailing Address 7960 Malcolm Cv

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Germantown | TN | 38138-4915 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Methodist Hospital

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 |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327348

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Gary J De FilippMailing Address Charlotte Radiology PA
PO Box 36937

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337661

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven J DePrima

Mailing Address 6129 SW 70th St

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| South Miami | FL | 33143-3451 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 04 | / | 2016 |

Transaction ID : C3306301

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William A Deruso MD

Mailing Address 4391 Via Entrada

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Thousand Oaks | CA | 91320 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312223

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2420.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Pedro J Diaz-Marchan

Mailing Address 2348 Bolsover St

City

Houston

State

TX

Zip Code

77005-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3337670

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Malcolm S Dobrow

Mailing Address 5693 E Southmoor Cir

City

Englewood

State

CO

Zip Code

80111-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 18 / 2016

Transaction ID : C3321409

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Malcolm S Dobrow

Mailing Address 5693 E Southmoor Cir

City

Englewood

State

CO

Zip Code

80111-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330851

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

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

1038.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Francis Daniel Donovan MD

Mailing Address 1136 Oak River Rd.

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3327349

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Bohn DonovanMailing Address Methodist Hospital Claybrook
220 S Claybrook Ste 300

City

Memphis

State

TN

Zip Code

38104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital of Memphis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3327350

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sidney Davis Doole

Mailing Address 1574 Harbert Ave

City

Memphis

State

TN

Zip Code

38104-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montclair Baptist Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3330794

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Eric Menzner Dorn

Mailing Address 7709 N Club Cir

City

Fox Point

State

WI

Zip Code

53217-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wisconsin Radiology Specialists

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2016

Transaction ID : C3313810

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael N Downing

Mailing Address Radiology Associates of Dothan
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2016

Transaction ID : C3312705

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa B Duncan

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3337358

Amount of Each Receipt this Period

126.00

☐ Memo Item

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

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

876.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David H Dungan

Mailing Address 10700 E Geddes Ave Ste 200

City State Zip Code
 Englewood CO 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Imaginig Associates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C3321410

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David H Dungan

Mailing Address 10700 E Geddes Ave Ste 200

City State Zip Code
 Englewood CO 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Imaginig Associates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3330852

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew W Dyer MD

Mailing Address 4724 Cole Rd

City State Zip Code
 Memphis TN 38117-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Information Requested

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3327351

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

438.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Wayne Michael Eberenz

Mailing Address 6820 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3330805

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Leslie EdgeMailing Address Abercrombie Rad Consultants Inc
1112 Weisgarber Rd Ste 201

City

Knoxville

State

TN

Zip Code

37909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3330804

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Merle Thomas EdwardsMailing Address Sacred Heart Hospital
900 W Clairemont

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

909.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 12 | | 2016 |

Transaction ID : C3314315

Amount of Each Receipt this Period

909.09

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1409.09

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Benjamin J Egner MD

Mailing Address 723 Whispering Hills Ln

City

Knoxville

State

TN

Zip Code

37934-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3330817

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ahmed Bassem Elaini MD

Mailing Address PO Box 54

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 03 / 2016

Transaction ID : C3337517

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Warren Dibrill Elam

Mailing Address MCBS

1125 Troupe St

City

Augusta

State

GA

Zip Code

30904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330824

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Paul H Ellenbogen

Mailing Address 2300 Wolf St Unit 14B

City
Dallas

State
TX

Zip Code
75201-7055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Imaging & Intervenor specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 16 / 2016

Transaction ID : C3316601

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew M Evancho

Mailing Address Abercrombie Rad Consultants Inc
1112 Weisgarber Rd Ste 201

City
Knoxville

State
TN

Zip Code
37909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3330810

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catherine J Everett

Mailing Address PO Box 12065

City
New Bern

State
NC

Zip Code
28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 09 / 2016

Transaction ID : C3338163

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

493.34

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David P Fang

Mailing Address 3151 Bedford Ln

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

FEC ID number of contributing federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327352

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimberly Nicole Feigin

Mailing Address 205 E 22nd St Apt 1M

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10010-4622 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Memorial Sloan-Kettering Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330839

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen L Fernandez

Mailing Address 1900 Fairview Ave

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Dothan | AL | 36301-3008 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312706

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1150.00

SCHEDULE A (FEC Form 3X)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Tobin Andrew Finizio IIMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337494

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keith C Fischer

Mailing Address 1 Lenox Pl

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Saint Louis | MO | 63108-1901 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University Medical School

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337679

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew J FleishmanMailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3321412

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

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

345.23

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Matthew J Fleishman

Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City State Zip Code
Englewood CO 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330858

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Howard B Fleishon

Mailing Address 5419 Willow Oak Dr

City State Zip Code
Norcross GA 30092-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
mdig

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337680

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Stephen Ernest Fleming JR

Mailing Address 1275 York Ave

City State Zip Code
New York NY 10065-6094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Sloan Kettering Cancer Center

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337682

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1269.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jonathan Flug MD, MBA

Mailing Address 1490 Delgany St Apt 1027

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 23 | / | 2016 |

Transaction ID : C3320713

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Warren Flye

Mailing Address P O Box 12065

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New Bern | NC | 28561-2065 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3338164

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Benjamin Lewis Franc MD

Mailing Address 185 Berry St Ste 350

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| San Francisco | CA | 94107-9107 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Health

Occupation

Nuc. Med Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3337683

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

495.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey James Freeman MD

Mailing Address 5280 Mount Cutler Ct

City

Colorado Springs

State

CO

Zip Code

80924-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

BANNER HEALTH

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312063

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sean Maurice Freyne

Mailing Address Pueblo Radiology
2320 Bath St Ste 208

City

Santa Barbara

State

CA

Zip Code

93105-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312224

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric Brian Friedberg

Mailing Address 2000 Tavistock Ct

City

Johns Creek

State

GA

Zip Code

30022-8079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2016

Transaction ID : C3305029

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1225.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey A Friedland

Mailing Address 3333 S Bannock St Ste 740

City

Englewood

State

CO

Zip Code

80110-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : C3321413

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey A Friedland

Mailing Address 3333 S Bannock St Ste 740

City

Englewood

State

CO

Zip Code

80110-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330859

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathryn Gladys Gardner

Mailing Address Radiology Inc

10567 Sawmill Pkwy Ste 100

City

Powell

State

OH

Zip Code

43065-6671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Inc.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337684

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

288.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Paula Y GeorgeMailing Address Central Radiology Grp
PO Box 1279

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Arnold | MO | 63010-1279 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3337723

Amount of Each Receipt this Period

1002.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James Joseph Geraghty

Mailing Address 2715 W Frank St

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Eau Claire | WI | 54703-2436 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3314317

Amount of Each Receipt this Period

909.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John W Gianini MD

Mailing Address PO Box 48

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Daytona Beach | FL | 32115-0048 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312198

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2911.09

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Leonard H Gibson JR

Mailing Address 1100 Woodland Dr NW

City
Wilson

State
NC

Zip Code
27893-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3337495

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James S Gilley

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 09 / 2016

Transaction ID : C3312714

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Lauren Parks Golding MD

Mailing Address 5807 Snow Hill Dr

City

Summerfield

State

NC

Zip Code

27358-9122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3337691

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1376.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Roger L Gonda JR

Mailing Address Southfield Radiology

22250 Providence Dr Ste 207

City State Zip Code
 Southfield MI 48075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3330842

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karen F Goodhope

Mailing Address PO Box 1279

City State Zip Code
 Arnold MO 63010-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C3337722

Amount of Each Receipt this Period

1002.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Karen F Goodhope

Mailing Address PO Box 1279

City State Zip Code
 Arnold MO 63010-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3330832

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

2102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Eric Todd Goodman

Mailing Address 8933 Activity Rd

City

San Diego

State

CA

Zip Code

92126-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharp Rees-Stealy Medical Group

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05 | / | 21 | / | 2016 |

Transaction ID : C3320609

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L GoreMailing Address South Shore Hospital
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337518

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William J Grande MDMailing 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

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3321414

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William J Grande MD

Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200

City State Zip Code
 Englewood CO 80112-3861

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Information Requested

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3330860

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Houston Graves

Mailing Address Methodist University Hospital
 1265 Union Ave Thomas Wing, 7th Fl

City State Zip Code
 Memphis TN 38104-3539

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3327355

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Alan Graves

Mailing Address 1557 Peabody Ave

City State Zip Code
 Memphis TN 38104-3832

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3327354

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

825.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Allen Green MD

Mailing Address 909 ROCKY HILLS CV N

City State Zip Code
 CORDOVA TN 38018

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327356

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Edward Douglas Green MD

Mailing Address 106 Windsong Cv

City State Zip Code
 Ridgeland MS 39157-8736

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 06 / 2016

Transaction ID : C3308141

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Justin Green JR

Mailing Address Radiology Associates
 PO Box 48

City State Zip Code
 Daytona Beach FL 32115-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Virginia Medical School

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312199

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ericka Coats GriffinMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337353

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie Ann Gubernick

Mailing Address 559 W Germantown Pike

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| East Norriton | PA | 19403-4250 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albert Einstein Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337694

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hollis H Halford III

Mailing Address 9161 River Bluff Rd

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Millington | TN | 38053-4102 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327357

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

776.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. James Douglass Hanemann

Mailing Address 1111 Medical Center Blvd Ste N108

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Marrero | LA | 70072-3192 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Radiology Associates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337695

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laurel P HanschMailing Address Pueblo Radiology
250 W Pueblo

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Santa Barbara | CA | 93105 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Medical Radiology Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312225

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale E Hansen JRMailing Address Memphis Radiological PC
1661 International Place Ste 350

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Memphis | TN | 38120-1433 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327358

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Nicholas P Hanson MDMailing Address Pueblo Radiology
PO Box 1326

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Santa Barbara | CA | 93102-1326 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312226

Amount of Each Receipt this Period

833.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter Sven Hanson

Mailing Address 2715 Frank St

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Eau Claire | WI | 54703-2593 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3314316

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Olin L HarburyMailing Address Charlotte Radiology
3030 Latrobe Dr

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Charlotte | NC | 28211-4867 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337664

Amount of Each Receipt this Period

420.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2253.40

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ben Hugh Harmon

Mailing Address Radia Medical Imaging
19020 33rd Ave W Ste 210

City Lynnwood State WA Zip Code 98036-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.38

Date of Receipt

05 / 03 / 2016

Transaction ID : C3300773

Amount of Each Receipt this Period

295.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lawrence P Harter

Mailing Address Pueblo Radiology Med Group
2320 Bath St Ste 208

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312227

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer A Harvey

Mailing Address PO Box 800170

City Charlottesville State VA Zip Code 22908-0170

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia Health System

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3337696

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1795.38

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. James Stanford Hausmann

Mailing Address Independent Radiology Associates
305 W Court St

City Dyersburg State TN Zip Code 38024-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Memorial Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327360

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. C Matthew Hawkins MD

Mailing Address 1405 Clifton Rd NE

City Atlanta State GA Zip Code 30322-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Pediatric Interventional Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

05 / 25 / 2016

Transaction ID : C3321158

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Alan Hawkins

Mailing Address Radia
728 134th St SW Ste 120

City Everett State WA Zip Code 98204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 03 / 2016

Transaction ID : C3300774

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

910.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Scott Andrew Hees

Mailing Address Charlotte Radiology
PO Box 36937

City Charlotte State NC Zip Code 28203-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3337667

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven Gregory Heiss

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

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 18 / 2016

Transaction ID : C3321415

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steven Gregory Heiss

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

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330861

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

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

458.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Eric Petty Hendrick

Mailing Address PO Box 29441

City
San AntonioState
TXZip Code
78229-0441FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312716

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimberly B HendrixMailing Address Union Regional Medical Center
PO Box 5003City
MonroeState
NCZip Code
28111-5003FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337669

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Robert D Heninger MDMailing Address Trinity Hospital
1 Burdick Expressway WCity
MinotState
NDZip Code
58701-4406FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 25 | / | 2016 |

Transaction ID : C3321159

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

1085.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John Osborne HerlongMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337496

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher E Herzig

Mailing Address 1105 Country Club Dr

| | | |
|------|-------|------------|
| City | State | Zip Code |
| Ojai | CA | 93023-3720 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312229

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Paul Hickman

Mailing Address 3633 Central Ave Ste D

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Hot Springs | AR | 71913-6475 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

hot springs radiology

Occupation

Interventional 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 |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312372

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1626.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Joshua A Hirsch

Mailing Address 1 Longfellow Pl Apt 3407

City
BostonState
MAZip Code
02114-2432FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337701

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lee Eric Hoagland MD

Mailing Address 350 W Columbia St Ste 420

City
EvansvilleState
INZip Code
47710-1782FEC ID number of contributing
federal political committee.

C

Name of Employer

Evansville Radiology, PC

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : C3308142

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rodney Harold Hobbs MD

Mailing Address 8 Somerset Ct

City
AugustaState
GAZip Code
30909-1840FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Radiology Associates of Augu

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2016

Transaction ID : C3305117

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1335.00

SCHEDULE A (FEC Form 3X)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Linda Cox Hodgkiss

Mailing Address 2313 Windcliff Dr

| | | |
|------|-------|------------|
| City | State | Zip Code |
| Eads | TN | 38028-7989 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327361

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles Hugh HollowayMailing Address Radiology Associates of Dothan
1900 Fairview Ave

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Dothan | AL | 36301-3008 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312708

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Benjamin CarlLee Holman MD

Mailing Address 6209 Heather Dr

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Memphis | TN | 38119-6312 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327362

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 146
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin B Hoover MD

Mailing Address PO Box 980615

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Richmond | VA | 23298-0615 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

VCU

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3337703

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Orlin Woodie HopperMailing Address 10700 E Geddes Suite 200
Mail Stop SKDL

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr-Vanderbi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 18 | / | 2016 |

Transaction ID : C3321416

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Orlin Woodie HopperMailing Address 10700 E Geddes Suite 200
Mail Stop SKDL

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr-Vanderbi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330862

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kristopher Cornell Horne MD

Mailing Address MRPC

7695 Poplar Pike #101

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3327363

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David A Howard

Mailing Address 6346 Brooks Manor Cv

City

Memphis

State

TN

Zip Code

38119-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological Professional Corp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3327364

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Dale Howard

Mailing Address Charlotte Radiology

PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3337671

Amount of Each Receipt this Period

420.00

☐ Memo Item

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

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

1220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Eric Burton Hutchins MDMailing Address Univ of Tenn-Methodist Healthcare
9417 Alex Dickson Cv

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bartlett | TN | 38133-0958 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327365

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valerie L Jewells

Mailing Address 100 Manning Dr

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Chapel Hill | NC | 27599-7310 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of NC School of Medicine

Occupation

Neuroradiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337541

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel H Johnson JR

Mailing Address 3100 Clearview Pky

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Metairie | LA | 70006-5304 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337557

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Dennis R Johnson

Mailing Address 106 Robin Road

City
GreenvilleState
NCZip Code
27858FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337497

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Breese Johnson JRMailing Address Abercrombie Rad Consultants Inc
1112 Weisgarber Rd Ste 201City
KnoxvilleState
TNZip Code
37909FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiology Consultants, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330818

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michele H Johnson

Mailing Address 640 Whitney Ave

City
New HavenState
CTZip Code
06511-2219FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3337713

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

626.00

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

SCHEDULE A (FEC Form 3X)
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for each category of the
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William Kent Johnson

Mailing Address 2839 Lombardy Ct

City

Augusta

State

GA

Zip Code

30909-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330823

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter Anthony Johnstone

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

Moffitt Cancer Center

Occupation

Radiation Oncologist

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 |
| 05 | / | 22 | / | 2016 |

Transaction ID : C3320685

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Harold Bradford Jones JRMailing Address Brown Radiology
1125 Troupe St

City

Augusta

State

GA

Zip Code

30904-4480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330821

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

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)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Royal Jones

Mailing Address 1673 Mason Ave.
Suite 305

City State Zip Code
Daytona Beach FL 32117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : C3312200

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carl L Kalbhen

Mailing Address Northwest Community Hosp
800 W Central Rd

City State Zip Code
Arlington Heights IL 60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3337717

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alan D Kaye

Mailing Address Bridgeport Hosp
267 Grant St

City State Zip Code
Bridgeport CT 06610-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Radiology PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2016

Transaction ID : C3337720

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Michael J Kelley

Mailing Address Charlotte Radiology PA
 1701 East Blvd

City State Zip Code
 Charlotte NC 28203-5823

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : C3337673

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Russell A Kelley

Mailing Address South Shore Hospital
 55 Fogg Rd

City State Zip Code
 South Weymouth MA 02190-2432

FEC ID number of contributing
 federal political committee.

C

Name of Employer

South Shore Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : C3337519

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Lincoln Kelly

Mailing Address 2603 S Clayton St

City State Zip Code
 Denver CO 80210-6208

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mass General Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C3321417

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

545.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jason Lincoln Kelly

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

Mass General Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330863

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen B KelminsonMailing Address Foundation Radiology Group, PC
401 Liberty Ave Ste 2000

City

Pittsburgh

State

PA

Zip Code

15222-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foundation Radiology

Occupation

Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3338303

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Reed KennedyMailing Address Cabarrus Radiologists PA
212 Le Phillip Ct NE Ste 201

City

Concord

State

NC

Zip Code

28025-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabarrus Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337674

Amount of Each Receipt this Period

420.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

695.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Bart P Keogh

Mailing Address 19020 33rd Ave W Ste 210

City

Lynnwood

State

WA

Zip Code

98036-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

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

Transaction ID : C3300775

Amount of Each Receipt this Period

1153.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Briana Kirby MD

Mailing Address 1900 N 14th St

City

Ponca City

State

OK

Zip Code

74601-2035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eagle Eye Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 6 | | |

Transaction ID : C3305054

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott David KliozeMailing Address Univ of FL College of Medicine
1600 SW ARcher Rd

City

Gainesville

State

FL

Zip Code

32610-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | 1 | 0 | | 2 | 0 | 1 | 6 | | |

Transaction ID : C3312201

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2238.86

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Richard P Klucznik

Mailing Address 3604 Timberside Circle Dr

City

Houston

State

TX

Zip Code

77025-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Houston Methodist

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338480

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harry C Knipp

Mailing Address 603 Earlton Ct

City

Reisterstown

State

MD

Zip Code

21136-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338503

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Mark Koller

Mailing Address 1119 Basin Harbor Rd

City

Bridport

State

VT

Zip Code

05734-9570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middleburg Radiologists PLLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3338310

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jennifer B Kosek MDMailing Address **Paublo Radiology**
PO Box 1326City **Santa Barbara** State **CA** Zip Code **93102-1326**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Pueblo Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312230

Amount of Each Receipt this Period

1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Henryk M KowalskiMailing Address **Eastern Radiologists Inc**
9 Doctors ParkCity **Greenville** State **NC** Zip Code **27834-2801**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337498

Amount of Each Receipt this Period

126.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Paul KramerMailing Address **Lancaster Radiology Associates**
PO Box 3555City **Lancaster** State **PA** Zip Code **17604-3555**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 05 | / | 2016 |

Transaction ID : C3337731

Amount of Each Receipt this Period

100.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1226.00**

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Peter E Kravath

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3337676

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David M Kuehn

Mailing Address 200 Hawkins Dr

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa Hosp & Clinics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338313

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Karthik C Kumar MD

Mailing Address 4761 Via Altamira

City State Zip Code
Newbury Park CA 91320-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : C3312231

Amount of Each Receipt this Period

666.72

☐ Memo Item

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

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

1586.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 146
(check only one)

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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Brian S Kuszyk

Mailing Address Eastern Radiologists

2101 W Arlington Blvd Ste 210

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337499

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James T Lambeth

Mailing Address 688 Kinoole St Ste 103

City

Hilo

State

HI

Zip Code

96720-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3338318

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bryan S Lantrip

Mailing Address 243 Northwind Dr

City

Brandon

State

MS

Zip Code

39047-8683

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC Radiological Group

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3321425

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1376.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Fred Darden Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3337677

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Loretta P Lawrence

Mailing Address 300 Community Dr

City State Zip Code
Manhasset NY 11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore LIJ Health System

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338322

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roland Robert Lee

Mailing Address VAMC/UCSD
3350 La Jolla Village Dr MC114

City State Zip Code
San Diego CA 92161

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Ctr Bldg 49A

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2016

Transaction ID : C3338323

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

970.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 146
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Michael A LemmiMailing Address 1661 Internatinal Dr.
suite 350

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Memphis | TN | 38120 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Memphis Chandler-F123C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327367

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Albert Leslie

Mailing Address 260 Eshelman Rd

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Lancaster | PA | 17601-5645 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 05 | / | 2016 |

Transaction ID : C3337732

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winifred K Leung MDMailing Address Pueblo Radiology
2320 Bath St

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Santa Barbara | CA | 93105-4339 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312232

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 146
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Robert W Levy

Mailing Address PO Box 48

City

Daytona Beach

State

FL

Zip Code

32115-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 0 | | 2 | 0 | 1 | 6 |

Transaction ID : C3312202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory Kenneth LewisMailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : C3337500

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grant J LinnellMailing Address Fletcher Allen Health Care
111 Colchester Ave

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 5 | | 2 | 0 | 1 | 6 |

Transaction ID : C3338328

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2126.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Bonnie Lynn Litvack-Penn

Mailing Address 400 E Main St

City

Mount Kisco

State

NY

Zip Code

10549-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

White Plains Radiology Associates, PC

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : C3338330

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael D Longe MD

Mailing Address 305 River Wind Dr

City

North Augusta

State

SC

Zip Code

29841-6092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330819

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Clifford Lorentzen

Mailing Address Coastal Radiology
PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : C3338165

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. James LuethkeMailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2016

Transaction ID : C3321418

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James LuethkeMailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330864

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric Conrad LundMailing Address Radiology Associates
1900 Fairview Ave

City Dothan State AL Zip Code 36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2016

Transaction ID : C3312709

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

538.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph Thomas Lurito

Mailing Address 502 Kensington Dr

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Greenville | NC | 27858 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337501

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennifer Lyn LynchMailing Address South Shore Hospital
55 Fogg Rd

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| South Weymouth | MA | 02190-2432 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Radiology AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337520

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Loralie Dawn MaMailing Address Greater Baltimore Med Ctr
6715 N Charles St

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Towson | MD | 21204 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology PAOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338339

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

476.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John L MahoneyMailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337521

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells I Mangrum MDMailing Address Medical X-Ray Consultants Ltd
2715 W Frank St

City Eau Claire State WI Zip Code 54703-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical XRay Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3314318

Amount of Each Receipt this Period

909.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David C MarlowMailing Address Radia Medical Imaging
728 134th St SW Ste 120

City Everett State WA Zip Code 98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3300776

Amount of Each Receipt this Period

240.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1249.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 146
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Eric M MartinMailing Address Eastern Radiology
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337502

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lee A Martin JR

Mailing Address 819 Honeysuckle Rd

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Gainesville | GA | 30501-1625 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gainesville Radiology Group, PCOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338345

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donald S MayekawaMailing Address 1240 24th Street
#2

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Santa Monica | CA | 90404 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centinela HospitalOccupation
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 |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3317224

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

876.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mark D MayhleMailing Address Radia Medical Imaging
728-134th St SW Ste 120

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Everett | WA | 98204-5322 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3300777

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Samuel Louis Maynard

Mailing Address 6605 Cherry Dr

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Knoxville | TN | 37919-8235 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330816

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barry M McCookMailing Address Univ of Florida College of Med
655 W 8th St

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Jacksonville | FL | 32209-6511 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Florida

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3337543

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Peter H B McCreight

Mailing Address 6366 Cardeno Dr

City

La Jolla

State

CA

Zip Code

92037-6928

FEC ID number of contributing
federal political committee.

C

Name of Employer

La Jolla Radiology Medical Group

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338346

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barry D McGinnisMailing Address Charlotte Radiology PA
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337678

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Geraldine B McGinty

Mailing Address 6 Ohio Dr Ste 204

City

New Hyde Park

State

NY

Zip Code

11042-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Imaging Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 05 | / | 2016 |

Transaction ID : C3307845

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

770.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Carolin McKinstry IIIMailing Address **Mallinckrodt Inst of Radiology**
510 S Kingshighway BlvdCity **Saint Louis** State **MO** Zip Code **63110-1076**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Washington University

Occupation

Neuro Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 21 | / | 2016 |

Transaction ID : C3320610

Amount of Each Receipt this Period

50.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael G McLaughlinMailing Address **Eastern Radiologists Inc**
222 Country Club DrCity **Greenville** State **NC** Zip Code **27834-6219**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337503

Amount of Each Receipt this Period

126.00☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alejandro Natera MD MDMailing Address **Memphis Radiological PC**
7695 Poplar PikeCity **Germantown** State **TN** Zip Code **38138-5947**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327370

Amount of Each Receipt this Period

400.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**576.00****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
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Christoph Wald MD

Mailing Address 41 Mall Rd

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3338425

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Zander MD MD

Mailing Address 194 Walden St Unit 1

City

Cambridge

State

MA

Zip Code

02140-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Eye and Ear Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3316558

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Ivan Hayward MD

Mailing Address 1292 Church St

City

Ventura

State

CA

Zip Code

93001-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312228

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jan Stauss MD MDMailing Address Medical X-Ray Consultants Ltd
2715 W Frank St

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Eau Claire | WI | 54703-2593 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3314321

Amount of Each Receipt this Period

909.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Meier MD

Mailing Address 6083 S Biscay St

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Aurora | CO | 80016-3844 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2016 |

Transaction ID : C3305030

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joel Ornelas MD MD

Mailing Address 1730 Marian Ave

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Thousand Oaks | CA | 91360-2162 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312234

Amount of Each Receipt this Period

750.06

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2159.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John Gurian MDMailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| San Antonio | TX | 78229-5907 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312715

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jonathan Breslau MD

Mailing Address 1500 Expo Pkwy

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Sacramento | CA | 95815-4227 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiological Associates of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3337628

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jose Bauza MD

Mailing Address 3880 Inverness Way

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Martinez | GA | 30907-9433 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330825

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin Garrett MD MDMailing Address Memphis Radiological PC
7695 Poplar Pike Ste 101

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Germantown | TN | 38138 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3327353

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Liang Gu MD

Mailing Address 115 Red Cypress Run

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Midland City | AL | 36350-0020 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dothan Radiology

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312707

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew Gromet MDMailing Address Charlotte Radiology PA
3030 Latrobe Dr

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Charlotte | NC | 28211-4866 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337663

Amount of Each Receipt this Period

336.00

☐ Memo Item

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

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

986.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Melvin Stone MD

Mailing Address Radiology Associates

1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312211

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nathan Durick MD MD

Mailing Address Advanced Radiology

615 Valley View Dr Ste 101

City

Moline

State

IL

Zip Code

61265

FEC ID number of contributing
federal political committee.

C

Name of Employer

advanced radiology, s.c.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3308963

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paymann Moin MD MD

Mailing Address 29422 Oakpath Dr

City

Agoura Hills

State

CA

Zip Code

91301-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312233

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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| | | | | | | | | |
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Syklawer MDMailing Address Radiology Associates of Dothan
1900 Fairview Ave

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Dothan | AL | 36301-3008 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312711

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Strax MD

Mailing Address 8719 Pasture View Ln

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Houston | TX | 77024-7040 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roger Vithalani MDMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3338311

Amount of Each Receipt this Period

126.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1626.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ruth Brush MD

Mailing Address STRG

8401 Datapoint Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 0 | | 2 | 0 | 1 | 6 |

Transaction ID : C3312720

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Surekha Joshi MD MD

Mailing Address Methodist Hospital

1661 International Dr Ste 350

City

Memphis

State

TN

Zip Code

38120-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3327366

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zac Jumper MD MD

Mailing Address Abercrombie Radiology

1112 Weisgarber Rd Ste 201

City

Knoxville

State

TN

Zip Code

37909-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3330813

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jonathan R Medverd

Mailing Address 1660 S Columbian Way Ste S114 Rad

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Seattle | WA | 98108-1565 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Admin

Occupation

Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3338351

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia J MergoMailing Address Mayo Clinic
4500 San Pablo Rd

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Jacksonville | FL | 32224-1865 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3338354

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darlene F MetterMailing Address UTHSCSA MS 7800
7703 Floyd Curl Dr

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| San Antonio | TX | 78229-3900 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas HSC San Antonio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338355

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

585.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Daniel T Miles

Mailing Address Radiology Associates

1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : C3312203

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven G Miles

Mailing Address Radiology Associates

1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : C3312204

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mitchell Alan Miller

Mailing Address Hackensack Radiology Grp

130 Kinderkamack Rd

City

River Edge

State

NJ

Zip Code

07661-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : C3331177

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

2017.86

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mitchell Alan Miller

Mailing Address Hackensack Radiology Grp
130 Kinderkamack Rd

City State Zip Code
River Edge NJ 07661-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.46

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2016

Transaction ID : C3338357

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mitchell Alan Miller

Mailing Address Hackensack Radiology Grp
130 Kinderkamack Rd

City State Zip Code
River Edge NJ 07661-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.46

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 26 / 2016

Transaction ID : C3331178

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gautam Ramesh Mirchandani MD

Mailing Address 50 Park Row W Apt 423

City State Zip Code
Providence RI 02903-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Radiology Alliance

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2016

Transaction ID : C3338360

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1267.86

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 146

| | | | | | | | | |
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Slobodan MiseljicMailing Address South Shore Hospital
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Radiology AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2016

Transaction ID : C3337522

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L Mittl JRMailing Address Charlotte Radiology
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3337681

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Van A Montgomery MDMailing Address Memphis Radiological PC
7695 Popler Pike Ste 101

City Germantown State TN Zip Code 38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee Methodist HospOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3327368

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

920.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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 for each category of the
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Arl Van Moore JR

Mailing Address 1701 East Blvd

City

Charlotte

State

NC

Zip Code

28203-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3338362

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gail N Morgan

Mailing Address 5253 South Graham Street

City

Seattle

State

WA

Zip Code

98118-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3311983

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ellen B MorrisMailing Address South Shore Hospital
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337523

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

1325.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Demetrius Konstantine Morros

Mailing Address **Birmingham Radiological Group**
2000A Southbridge Pkwy Ste 300

City **Birmingham** State **AL** Zip Code **35209-7718**

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birmingham Radiological Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 23 / 2016

Transaction ID : C3320714

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davis D Moser

Mailing Address **Methodist Healthcare**
1265 Union Ave

City **Memphis** State **TN** Zip Code **38104-3499**

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3327369

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janet A Munroe

Mailing Address **1120 15th St # Ba1414**

City **Augusta** State **GA** Zip Code **30912-0006**

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338364

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1483.34

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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Fredrick MurphyMailing Address Emory University Hospital
1365 Clifton Rd NE

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30322-1059 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3337637

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennifer E Nathan

Mailing Address 9891 Sunnybrook Dr

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Great Falls | VA | 22066-1908 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Fort Belvoir

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 |
| 05 | / | 14 | / | 2016 |

Transaction ID : C3316534

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary S Newell

Mailing Address 1365 Clifton Rd NE Ste C1104

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30322-1013 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Emory

Physician

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 |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338367

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Dale E Nichols

Mailing Address Abercrombie Rad Consultants Inc
1112 E Weisgarber Rd Ste 201

City State Zip Code
Knoxville TN 37909-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abercrombie Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330801

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brandi Tamara Nicholson MD

Mailing Address PO Box 800170

City State Zip Code
Charlottesville VA 22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia

Occupation
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : C3308964

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colin J O'Brien MD

Mailing Address 542 Clark St

City State Zip Code
Iowa City IA 52240-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Services

Occupation
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : C3312731

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

795.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. James H Oliver IIIMailing Address Charlotte Radiology
PO Box 36937

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337685

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew W OsburnMailing Address Pueblo Radiology
2320 Bath St Ste 208

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Santa Barbara | CA | 93105-5322 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312235

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rodney S Owen

Mailing Address 9700 N 91st St Ste C200

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Scottsdale | AZ | 85258-5064 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 06 | / | 2016 |

Transaction ID : C3337536

Amount of Each Receipt this Period

90.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1510.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Suzanne L Palmer

Mailing Address 1500 San Pablo St

City

Los Angeles

State

CA

Zip Code

90033-5313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiologist

Occupation

USC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338370

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Salil P Parikh

Mailing Address 9477 Johnson Rd Ext

City

Germantown

State

TN

Zip Code

38139-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3330790

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dhiren Y Patel MD

Mailing Address PO Box 3555

City

Lancaster

State

PA

Zip Code

17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Radiology Associates, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2016

Transaction ID : C3337733

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mandar Abhay Pattekar

Mailing Address 2000 Spring Rd Ste 200

City State Zip Code
Oak Brook IL 60523-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central IL Rad Assoc

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338377

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carrie Watson Patterson MD

Mailing Address PO Box 243

City State Zip Code
Eads TN 38028-0243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330791

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Patrick Penor MD

Mailing Address Hot Springs Radiology Svcs Ltd
3633 Central Ave Ste D

City State Zip Code
Hot Springs AR 71913-6475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hot Springs Radiology Services, Ltd

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : C3320847

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

900.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Perry G Pernicano

Mailing Address 5146 Birkdale Dr

City

Ann Arbor

State

MI

Zip Code

48103-9731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of MI

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338379

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jed R Peterson MD

Mailing Address 10137 SE Stephens St

City

Portland

State

OR

Zip Code

97216-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3338482

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Douglas William PictonMailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337504

Amount of Each Receipt this Period

126.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1126.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Robert J Pizzutiello JR

Mailing Address 1290 Blossom Dr Ste C

City State Zip Code
Victor NY 14564-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upstate Medical Physics

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338380

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. George A Pjura JR

Mailing Address 70 Doctors Park

City State Zip Code
Cape Girardeau MO 63703-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330841

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas L Pope JR

Mailing Address 411 River St Apt 823

City State Zip Code
Greenville SC 29601-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Radisphere

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : C3305893

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | | | | | | |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Michael Potter MDMailing Address Eastern Radiologists Inc.
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337505

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Bernard Poulton

Mailing Address 3790 Oak New Glen Circle NW

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| North Canton | OH | 44720 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3317194

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stuart H Prather III

Mailing Address 2220 Edgewood Dr

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Augusta | GA | 30904-3465 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Radiology AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330828

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

876.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ori Preis MDMailing Address South Shore Hospital
55 Fogg Rd

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| South Weymouth | MA | 02190-2432 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore HospitalOccupation
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 |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337524

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Traci Pritchard

Mailing Address 38055 N Miramonte Dr

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Cave Creek | AZ | 85331-8553 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pritchard PLLCOccupation
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 |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312323

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth H Pryor

Mailing Address 9118 Hemingway Grove Cir

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Knoxville | TN | 37922-8090 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abercrombie RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330811

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Joshua B Rafoth MD

Mailing Address 524 Scotts Way

City

Augusta

State

GA

Zip Code

30909-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330829

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sunil Kumar RamMailing Address Southwest Imaging
PO Box 3114

City

Scottsdale

State

AZ

Zip Code

85271-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 06 | / | 2016 |

Transaction ID : C3337533

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mercedes E Ramas

Mailing Address 33 Sandlewood Dr

City

Beckley

State

WV

Zip Code

25801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raleigh Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 05 | / | 2016 |

Transaction ID : C3308056

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. R Richard Ramnath

Mailing Address 127 Lansing Island Dr

City

Indian Harbour Beach

State

FL

Zip Code

32937-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSI

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3317120

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard D RedvanlyMailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3337686

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Murray A Reicher

Mailing Address PO Box 832

City

Rancho Santa Fe

State

CA

Zip Code

92067-0832

FEC ID number of contributing
federal political committee.

C

Name of Employer

RMG, Inc.

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 24 | / | 2016 |

Transaction ID : C3321040

Amount of Each Receipt this Period

450.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John Thomas Renz

Mailing Address PO Box 370

City
MontroseState
ALZip Code
36559-0370FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Coastal Radiology

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : C3338387

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter E RicciMailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City

Englewood

State

CO

Zip Code

80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C3321420

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peter E RicciMailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City

Englewood

State

CO

Zip Code

80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C3330866

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John W Rieke

Mailing Address MultiCare Regional Cancer Ctr
1003 S 5th St

City Tacoma State WA Zip Code 98403-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Multi Care Health System

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3337542

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Craig Allan Roberto MD

Mailing Address PO Box 48

City Daytona Beach State FL Zip Code 32115-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312205

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anne C Roberts

Mailing Address 9300 Campus Point Dr

City LA Jolla State CA Zip Code 92037-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD Medical Center

Occupation

interventional radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338389

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jon Alan Roberts

Mailing Address 9245 Forest Estates Cove

City

Germantown

State

TN

Zip Code

38139-7912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3330792

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Judge Robinette MDMailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 11 | | 2016 |

Transaction ID : C3337506

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steven Gregory Rogers

Mailing Address 926 River Oak Dr

City

North Augusta

State

SC

Zip Code

29841-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2016 |

Transaction ID : C3330820

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1026.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Michael RoossinMailing Address **Newport Harbor Radiology Associate**
471 N Old Newport Blvd Ste 302City **Newport Beach** State **CA** Zip Code **92663**FEC ID number of contributing
federal political committee.**C**

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3313841

Amount of Each Receipt this Period

250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol M RumackMailing Address **13001 E 17th Pl Ste C293**City **Aurora** State **CO** Zip Code **80045-2581**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Univ of Colorado School of Medecine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338391

Amount of Each Receipt this Period

1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Hal D SafritMailing Address **111 Oakstone Dr**City **Chapel Hill** State **NC** Zip Code **27514-9585**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Durham Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3315996

Amount of Each Receipt this Period

250.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1500.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David Christopher Sallee MD

Mailing Address 3269 N. Hartwell Ridge Dr.

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Collierville | TN | 38017 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

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 |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330793

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Jason SandsMailing Address Cleveland Clinic Foundation
9500 Euclid Ave

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Cleveland | OH | 44195-0002 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cleveland Clinic Foundation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3338392

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Arthur D SandyMailing Address Radiology Associates of Birmingham
2240 Lakeshore Dr Ste 140

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Birmingham | AL | 35209 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Advanced Imaging Assoc of AL

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3323554

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Ronald Merle Sayers MDMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337507

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James S Schauburger MD

Mailing Address 601 Battle Front Trl

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Knoxville | TN | 37934-6609 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330803

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Ross SchieringMailing Address Radiology Associates
1673 Mason Ave Ste 305

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Daytona Beach | FL | 32117-5516 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312206

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1376.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew M Schneider

Mailing Address 3030 Latrobe Dr

City

Charlotte

State

NC

Zip Code

28211-4867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3338286

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Lee Schwartz

Mailing Address 2204 Lakeshore Dr Ste 140

City

Birmingham

State

AL

Zip Code

35209-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Birmingham, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2016

Transaction ID : C3320715

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Michael J Seider

Mailing Address 885 S Sawburg Ave Ste 108

City

Alliance

State

OH

Zip Code

44601-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cancer Care Ltd.

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3338395

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1470.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen A Sevigny

Mailing Address 1325 Oak Forrest Drive

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312207

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heather Marie Seymour MD

Mailing Address Eastern Radiologists Inc.
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3337508

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gaurang Vrindavan Shah

Mailing Address 3091 Deer Creek Ct

City

Ann Arbor

State

MI

Zip Code

48105-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3338397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2126.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kambiz Kevin Shamlou

Mailing Address Radiology Associates

1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : C3312208

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rajiv Kumar Sharma

Mailing Address Charlotte Radiology

1701 E Blvd

City

Charlotte

State

NC

Zip Code

28203-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3338287

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale R Shaw

Mailing Address Charlotte Radiology

PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3338288

Amount of Each Receipt this Period

420.00

☐ Memo Item

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

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

1840.00

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

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

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Brixey R Shelton

Mailing Address 4198 Sequoia Rd

City

Memphis

State

TN

Zip Code

38117-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330795

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sanjay Kadandale Shetty MD, MBA

Mailing Address 500 Boylston St Fl 5

City

Boston

State

MA

Zip Code

02116-3791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steward Healthcare System

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338402

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Nelson Sides

Mailing Address Coastal Radiology
PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : C3338166

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

2060.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John D SimmonsMailing Address Abercrombie Rad Consultants Inc
1112 Weisgarber Rd Ste 201

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Knoxville | TN | 37909-2647 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330814

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roy J Siragusa

Mailing Address 130 N Frederick Ave

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Daytona Beach | FL | 32114-3406 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312210

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Timothy C Sloan

Mailing Address 722 Newman Rd

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New Bern | NC | 28562-5238 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 09 | / | 2016 |

Transaction ID : C3338167

Amount of Each Receipt this Period

160.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1410.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin L Smith

Mailing Address 1990 Connecticut Ave S

City
Sartell

State
MN

Zip Code
56377-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : C3324035

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Todd Somogyi MD

Mailing Address 3026 Devonshire Cove

City

Germantown

State

TN

Zip Code

38139-8061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330796

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark Robert Southard MD

Mailing Address Medical X-Ray Consultants Ltd
2715 W Frank St

City

Eau Claire

State

WI

Zip Code

54703-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : C3314319

Amount of Each Receipt this Period

909.09

☐ Memo Item

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

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

1409.09

SCHEDULE A (FEC Form 3X)
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| | | | | | | | | |
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Walter J SteeleMailing Address Charlotte Radiology
PO Box 36937

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3338289

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Paul SteinMailing Address Charlotte Radiology PA
PO Box 36937

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3338290

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. C Ryan Steinbaker MDMailing Address Eastern Radiologists Inc
9 Doctors Park

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Greenville | NC | 27834-2801 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337509

Amount of Each Receipt this Period

126.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1046.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Karl Edwin Stien MD

Mailing Address **Medical X-Ray Consultants Ltd**
2715 W Frank St

City State Zip Code
Eau Claire WI 54703-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

05 / 12 / 2016

Transaction ID : C3314320

Amount of Each Receipt this Period

909.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Alan Stone

Mailing Address **4500 San Pablo Rd S**

City State Zip Code
Jacksonville FL 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2016

Transaction ID : C3337544

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa L Stone

Mailing Address **848 Briggs Rd**

City State Zip Code
North Augusta SC 29860-8481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330827

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1659.09

SCHEDULE A (FEC Form 3X)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Janet M Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Groover Christie and Merritt

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3316551

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brett L Storm

Mailing Address 114 Glencoe Way

City

Dothan

State

AL

Zip Code

36305-6978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312710

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Palmer StrainMailing Address South Shore Hospital
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : C3337525

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

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

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph Charles Sullivan III

Mailing Address 3681 Vestcreek Cv

City

Vestavia

State

AL

Zip Code

35243-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of South Alabama Med Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2016

Transaction ID : C3338410

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard F Sullivan

Mailing Address South Shore Hospital
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2016

Transaction ID : C3337526

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James N Suojanen

Mailing Address South Shore Hospital
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2016

Transaction ID : C3337527

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Rajeev Suri

Mailing Address 7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 5 | | 2 | 0 | 1 | 6 |

Transaction ID : C3316547

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Early SwainMailing Address Radiology 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

Radiology Assoc of Tallahassee

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 6 | | 2 | 0 | 1 | 6 |

Transaction ID : C3338413

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer E Swart MDMailing Address South Texas Radiology
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 0 | | 2 | 0 | 1 | 6 |

Transaction ID : C3312721

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Margaret M Szabunio

Mailing Address 317 Golf Club Dr

City

Nicholasville

State

KY

Zip Code

40356-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of KY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 17 | | 2016 |

Transaction ID : C3338415

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eddie L Taylor MD

Mailing Address 3629 S Galloway Dr

City

Memphis

State

TN

Zip Code

38111-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3330797

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shawn DeWayne Teague

Mailing Address 1400 Jackson St Goodman Bldg Rm K0

City

Denver

State

CO

Zip Code

80206-2761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ School of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 27 | | 2016 |

Transaction ID : C3338416

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jacques C Tham MDMailing Address **Medical X-Ray Consultants Ltd**
2715 W Frank StCity **Eau Claire** State **WI** Zip Code **54703-2593**FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical X-Ray Consultants, Ltd.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3314322

Amount of Each Receipt this Period

909.09☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Grant Thaxton MDMailing Address **Eastern Radiologists Inc**
9 Doctors ParkCity **Greenville** State **NC** Zip Code **27834-2801**FEC ID number of contributing
federal political committee.**C**Name of Employer
Eastern Radiologists Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3337510

Amount of Each Receipt this Period

126.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sean Edward TheisenMailing Address **Huron Valley Radiology**
5333 McAuley Drive Ste 6016City **Ypsilanti** State **MI** Zip Code **48108**FEC ID number of contributing
federal political committee.**C**Name of Employer
Huron Valley RadiologyOccupation
Diagnostic Radiologist

Receipt For: 2014

☒ 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 |
| 05 | / | 01 | / | 2016 |

Transaction ID : C3305031

Amount of Each Receipt this Period

500.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1535.09**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William John Theurer

Mailing Address 2320 Bath St Ste 208

City

Santa Barbara

State

CA

Zip Code

93105-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 11 | / | 2016 |

Transaction ID : C3312236

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey L ThomassonMailing Address St Johns Mercy Medical Ctr
615 S New Ballas Rd

City

Saint Louis

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 02 | / | 2016 |

Transaction ID : C3318945

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric Frank Tocci MD

Mailing Address PO Box 48

City

Daytona Beach

State

FL

Zip Code

32115-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 10 | / | 2016 |

Transaction ID : C3312212

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John Christopher Tonkin

Mailing Address Radiology Associates

1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C3312213

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond King Tu

Mailing Address 2121 K St NW Ste 100

City

Washington

State

DC

Zip Code

20037-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWU

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | | | | | | | 1 | 5 | | | 2 |

Transaction ID : C3338422

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Barry Turetsky

Mailing Address 608 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176-4763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | | | | | | | 1 | 0 | | | 2 |

Transaction ID : C3312214

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Sibley N Turner

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Dothan, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2016 |

Transaction ID : C3312712

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael John Ullsey

Mailing Address 6333 E Mockingbird Ln Ste 147

City

Dallas

State

TX

Zip Code

75214-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Breast Diagnostic Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : C3338423

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher G Ullrich

Mailing Address PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3338291

Amount of Each Receipt this Period

420.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | |
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William Van DalsemMailing Address **Newport Harbor Radiology Associate**
471 N Old Newport Blvd Ste 302City **Newport Beach** State **CA** Zip Code **92663**FEC ID number of contributing
federal political committee.**C**

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3313848

Amount of Each Receipt this Period

250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nicolas von Von Dem BusscheMailing Address **Newport Harbor Radiology**
471 Old Newport Blvd Ste 302City **Newport Beach** State **CA** Zip Code **92663-4244**FEC ID number of contributing
federal political committee.**C**

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 12 | / | 2016 |

Transaction ID : C3313856

Amount of Each Receipt this Period

250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Forrest Blake Walker MDMailing Address **918 Johns Rd**City **Augusta** State **GA** Zip Code **30904-6102**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : C3330831

Amount of Each Receipt this Period

500.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1000.00**

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Terry W Wallace

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3338292

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel W Walsh

Mailing Address 9198 Hemingway Grove Cir

City State Zip Code
Knoxville TN 37922-8090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330807

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bobby Clifton Walters JR

Mailing Address Eastern Radiologists Inc.
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : C3337511

Amount of Each Receipt this Period

126.00

☐ Memo Item

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

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

676.00

SCHEDULE A (FEC Form 3X)
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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David Reed Watts

Mailing Address 5029 Franklin Rd

City

Nashville

State

TN

Zip Code

37220-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Diagnostic Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2016 |

Transaction ID : C3337539

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul T Weatherall

Mailing Address 5323 Harry Hines Blvd

City

Dallas

State

TX

Zip Code

75390-9178

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT SW Medical Ctr at Dallas

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2016 |

Transaction ID : C3338426

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Willard Weatherly

Mailing Address 1211 Union Ave Ste 330

City

Memphis

State

TN

Zip Code

38104-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 27 | / | 2016 |

Transaction ID : C3330798

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Philip Rowe Weber

Mailing Address 59 Lombardy Road

City

Memphis

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3330799

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 27 / 2016

Transaction ID : C3338293

Amount of Each Receipt this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Simon Westacott

Mailing Address 1965 Glendower Dr

City

Lancaster

State

PA

Zip Code

17601-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2016

Transaction ID : C3337736

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

920.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Douglas John Wester JR

Mailing Address Radiology of Huntsville
2006 Franklin St SE Ste 200

City Huntsville State AL Zip Code 35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2016

Transaction ID : C3316602

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Benjamin Michael Whitis

Mailing Address Medical X-Ray Consultants
2715 W Frank St

City Eau Claire State WI Zip Code 54703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.09

Date of Receipt

05 / 12 / 2016

Transaction ID : C3314323

Amount of Each Receipt this Period

909.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winston S Whitney

Mailing Address 2189 Tustin Ave

City Costa Mesa State CA Zip Code 92627-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer

NHRA

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2016

Transaction ID : C3313862

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1659.09

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Benjamin W Wilkerson MD

Mailing Address MRPC

7695 Poplar Pike Ste 101

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330800

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lane P Williams

Mailing Address Abercrombie Rad Consultants Inc

1112 Weisgarber Rd Ste 201

City

Knoxville

State

TN

Zip Code

37909-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abercrombie Radiological Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : C3330802

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodrick A Williams

Mailing Address 60 Hospital Rd

City

Leominster

State

MA

Zip Code

01453-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centmass Imaging Inc.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : C3338429

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

900.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Mark D Wittry

Mailing Address West County Radiological Group
11475 Olde Cabin Road Ste 200

City State Zip Code
Saint Louis MO 63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

West County Radiological Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2016

Transaction ID : C3316512

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William G Wolff

Mailing Address New York Hospital Med Center
56-45 Main St

City State Zip Code
Flushing NY 11355-5060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Main Street

Occupation

Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C3330838

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Wing-Cheung Wong

Mailing Address Akron Childrens Hospital
1 Perkins Sq

City State Zip Code
Akron OH 44308-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Canton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : C3338491

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

583.34

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Pamela Karen Woodard

Mailing Address 510 S Kingshighway Blvd

City

Saint Louis

State

MO

Zip Code

63110-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 17 / 2016

Transaction ID : C3338497

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vanessa Albernaz Workman

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3337354

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Dean Wrench

Mailing Address Pueblo Radiology Assoc
2320 Bath St Ste 208

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3312237

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2126.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew C Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

05 / 31 / 2016

Transaction ID : C3330835

Amount of Each Receipt this Period

520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Ming-Yi Yeh

Mailing Address 35 N Raymond Ave Unit 205

City

Pasadena

State

CA

Zip Code

91103-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mark M. Yeh MD Inc.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2016

Transaction ID : C3320682

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas J Yuschok

Mailing Address 162 Laurelwood Ln

City

Ormond Beach

State

FL

Zip Code

32174-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2016

Transaction ID : C3312215

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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1570.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Syed Furqan Zaidi

Mailing Address PO Box 8030

City State Zip Code
 Canton OH 44711-8030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rad. Assoc. of Canton

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : C3338433

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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Amount of Each Receipt this Period

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1000.00

178604.02

