

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>American College of Radiology Association PAC</b>                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00343459       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                                                                                                                   |

|                                                                                                                                                    |                                                                                                                                                                                           |                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br><b>Majority Strategies</b>                                                                                                   |                                                                                                                                                                                           | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>07 / 31 / 2014</div> </div>             |  |
| Mailing Address 135 Professional Drive, Suite 104                                                                                                  |                                                                                                                                                                                           | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">42917.67</div>                                                                       |  |
| City State Zip Code<br>Ponte Vedra Beach FL 32082                                                                                                  | <b>Transaction ID : D160159</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>07 / 31 / 2014</div> </div> |                                                                                                                                                                           |  |
| Purpose of Expenditure<br>Printed advertising for mailing                                                                                          | Category/Type                                                                                                                                                                             | Name of Federal Candidate<br>Sen. Lamar Alexander                                                                                                                         |  |
|                                                                                                                                                    |                                                                                                                                                                                           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TN |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">133854.80</div> |                                                                                                                                                                                           | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                         |  |

|                                                                                                                                           |                                                                                                                                     |                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee                                                                                                                        |                                                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>       |  |
| Mailing Address                                                                                                                           |                                                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                      |  |
| City State Zip Code                                                                                                                       | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div> |                                                                                                                                                  |  |
| Purpose of Expenditure                                                                                                                    | Category/Type                                                                                                                       | Name of Federal Candidate                                                                                                                        |  |
|                                                                                                                                           |                                                                                                                                     | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |  |

|                                                                    |                                                                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">42917.67</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">42917.67</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 31 / 2014

Signature