

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association Political Action Committee</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00343459
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 (Last, First, Middle Initial) of Payee <b>Strategic Media Services, Inc.</b>		Date MM / DD / YYYY <b>07 / 18 / 2012</b>
Mailing Address 3299 K Street, NW Suite 200		Amount <b>50454.00</b>
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Radio ad-disseminated 7/25/2012-8/2/2012	Category/Type	Transaction ID : <b>V6026FFF728D611E914D</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Diane Black		Office Sought: <input checked="" type="checkbox"/> House    State: <u>TN</u> <input type="checkbox"/> Senate    District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>50454.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Campaign Grid</b>		Date MM / DD / YYYY <b>07 / 20 / 2012</b>
Mailing Address 223 Summit Avenue		Amount <b>45000.00</b>
City Fort Washington	State PA	Zip Code 19034
Purpose of Expenditure Internet ad-disseminated 10/22-11/6/2012	Category/Type	Transaction ID : <b>V137E67811B5BE2F92C5</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Rick Berg		Office Sought: <input type="checkbox"/> House    State: <u>ND</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>45000.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>95454.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	<b>95454.00</b>

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.

*DR. William Herrington*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 24 / 2012**