

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 Reston VA 20191

2. FEC IDENTIFICATION NUMBER C C00343459 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2016 through 01 / 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 02 / 19 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		858900.63
(b) Cash on Hand at Beginning of Reporting Period.....	858900.63	
(c) Total Receipts (from Line 19)	126733.83	126733.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	985634.46	985634.46
7. Total Disbursements (from Line 31).....	977.77	977.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	984656.69	984656.69
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)

Write or Type Committee Name

American College of Radiology Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	108344.00	108344.00
(ii) Unitemized	18389.83	18389.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	126733.83	126733.83
(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)	126733.83	126733.83
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))..... ▶	126733.83	126733.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	126733.83	126733.83

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	977.77	977.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	977.77	977.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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)) ..	977.77	977.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	977.77	977.77

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)	126733.83	126733.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126733.83	126733.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	977.77	977.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	977.77	977.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Joshua G Abramowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Saint Stephens School Rd
 City Austin State TX Zip Code 78746-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257635
 Amount of Each Receipt this Period 1000.00

B. Stephen A Agatston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Far Gallant Dr
 City Austin State TX Zip Code 78746-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257636
 Amount of Each Receipt this Period 1000.00

C. Tariq M Alam
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 Charlton Ln
 City Naperville State IL Zip Code 60563-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257637
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Bibb Allen JR

Mailing Address 3245 E Briarcliff Rd

City State Zip Code
Birmingham AL 35223-1304

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

Name of Employer Occupation
Montclair Baptist Medical Center Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : C3222362

Amount of Each Receipt this Period
625.00

Full Name (Last, First, Middle Initial)
B. Michael D Aronoff

Mailing Address 11608 Sierra Nevada

City State Zip Code
Austin TX 78759-3904

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

Name of Employer Occupation
Austin Radiological Associates 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
 01 / 08 / 2016
Transaction ID : C3257638

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Randal Lane Aschenbeck

Mailing Address 4207 Rainy Creek Ln

City State Zip Code
Cedar Park TX 78613

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

Name of Employer Occupation
Austin Radiological Associates 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
 01 / 08 / 2016
Transaction ID : C3257639

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mark Alfred Auler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2306 Woodlawn Blvd
 City Austin State TX Zip Code 78703-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257640
 Amount of Each Receipt this Period
 1000.00

B. Sarah Stansbury Avery
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Birnam Wood Ct
 City Austin State TX Zip Code 78746-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257641
 Amount of Each Receipt this Period
 1000.00

C. William Jeffrey Banks
 Full Name (Last, First, Middle Initial)
 Mailing Address 10909 Range View Dr
 City Austin State TX Zip Code 78730-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257642
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. John Myers Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 University Club Dr
 City Austin State TX Zip Code 78732-2440
 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 / D D / Y Y Y Y Y Y
01 / 08 / 2016
Transaction ID : C3257643
 Amount of Each Receipt this Period
1000.00

B. Ian David Baronofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 29261
 City Austin State TX Zip Code 78755-6261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
01 / 08 / 2016
Transaction ID : C3257644
 Amount of Each Receipt this Period
1000.00

C. Lori L Barr
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste 250
 City Austin State TX Zip Code 78759-5873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Assoc 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
01 / 08 / 2016
Transaction ID : C3257645
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 46
(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. Gene E Beisert

Mailing Address 2012 Sinclair Ln

City State Zip Code
Plano TX 75093

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

Name of Employer Occupation
Austin Radiological Association 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
01 / 08 / 2016
Transaction ID : C3257646

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Hillel A Ben-Avi

Mailing Address 4501 Spanish Oak Trl

City State Zip Code
Austin TX 78731-5217

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

Name of Employer Occupation
Austin Radiological Associates 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
01 / 08 / 2016
Transaction ID : C3257647

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Lincoln L Berland

Mailing Address 3421 Brookwood Trce

City State Zip Code
Birmingham AL 35223-2879

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

Name of Employer Occupation
University of Alabama Health Services Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 10 / 2016
Transaction ID : C3230703

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
<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. Timothy Andrew Bernauer		Date of Receipt MM / DD / YYYY 01 / 18 / 2016 Transaction ID : C3235812
Mailing Address 13 Pintail Pl		Amount of Each Receipt this Period 210.00
City Appleton	State WI	Zip Code 54913-8068
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Appleton	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Daniel G Bloom		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 Transaction ID : C3257648
Mailing Address 12554 Riata Vista Circle		Amount of Each Receipt this Period 1000.00
City Austin	State TX	Zip Code 78727
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Marouane R Bouchareb MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 Transaction ID : C3257649
Mailing Address 10900 Stonelake Blvd Ste 250		Amount of Each Receipt this Period 1000.00
City Austin	State TX	Zip Code 78759-5873
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Associates	Occupation Interventional Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Bradley Alan Brenner
Full Name (Last, First, Middle Initial)

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257650

Amount of Each Receipt this Period 1000.00

B. Eric Matthew Bugaieski
Full Name (Last, First, Middle Initial)

Mailing Address Children's Hosp/St Francis Med
530 NE Glen Oak Ave

City Peoria State IL Zip Code 61637-0001

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

Name of Employer Central Illinois Radiological Associat Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2016
Transaction ID : C3246666

Amount of Each Receipt this Period 250.00

C. Chris M Butschek
Full Name (Last, First, Middle Initial)

Mailing Address 701 Windsong Trl

City West Lake Hills State TX Zip Code 78746-3539

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257651

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Frank An-Kuo Chia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 10900 Stonelake Blvd Suite 250
 City Austin State TX Zip Code 78759-5873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257652
 Amount of Each Receipt this Period **1000.00**

B. Martin I Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1556 Falling Star Ave
 City Westlake Village State CA Zip Code 91362-5274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rolling Oaks Radiology Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 15 / 2016**
Transaction ID : C3253758
 Amount of Each Receipt this Period **250.00**

C. Gregory Francis Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Oakdale Ct
 City Austin State TX Zip Code 78703-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257653
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Lawrence Kirkland Conrad		Date of Receipt 01 / 08 / 2016 Transaction ID : C3257654
Mailing Address Austin Radiological Assoc 10900 Stonelake Blvd Ste 250		Amount of Each Receipt this Period 1000.00
City Austin	State TX Zip Code 78759-5873	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gina Constantine MD		Date of Receipt 01 / 08 / 2016 Transaction ID : C3257655
Mailing Address 12554 Riata Vista Circle		Amount of Each Receipt this Period 1000.00
City Austin	State TX Zip Code 78727	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Austin Radiological Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Norman L Crocker		Date of Receipt 01 / 23 / 2016 Transaction ID : C3242697
Mailing Address 1387 S Hametown Rd		Amount of Each Receipt this Period 250.00
City Copley	State OH Zip Code 44321-1831	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Radiology Partners, Inc	Occupation Diagnostic Radiologist	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jarrod D Dale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12554 Riata Vista Circle
 City Austin State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257656
 Amount of Each Receipt this Period
 1000.00

B. Keith J Dreyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Johnson Avenue
 City Winthrop State MA Zip Code 02152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital 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
 01 / 08 / 2016
Transaction ID : C3230178
 Amount of Each Receipt this Period
 1000.00

C. Newell E Dutton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 Stratford Hills Lane
 City Austin State TX Zip Code 78746-4687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257657
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Nabeel Farhatziz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9908 Cinnabar Trl
 City Austin State TX Zip Code 78726-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257658
 Amount of Each Receipt this Period
 1000.00

B. David Jay Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste 250
 City Austin State TX Zip Code 78759-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257659
 Amount of Each Receipt this Period
 1000.00

C. Thomas B Fletcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 2206 E Windsor Rd
 City Austin State TX Zip Code 78703-3119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257660
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Patricia H Gallagher

Mailing Address 5005 Strass Dr

City Austin State TX Zip Code 78731-5629

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

Name of Employer Austin Radiological Associates 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
01 / 08 / 2016

Transaction ID : C3257661

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1620 John St S

City Salem State OR Zip Code 97302-5110

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

Name of Employer Salem Radiology 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
01 / 27 / 2016

Transaction ID : C3244888

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Associates 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
01 / 08 / 2016

Transaction ID : C3257662

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jeffrey Carl Goree
Full Name (Last, First, Middle Initial)

Mailing Address 2320 Cromwell Cir

City Davenport State IA Zip Code 52807-2833

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

Name of Employer Radiology Group, P.C. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016

Transaction ID : C3256922

Amount of Each Receipt this Period
 600.00

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

Mailing Address 3007 Stratford Dr

City Austin State TX Zip Code 78746-4650

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

Name of Employer Austin Radiological Association 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
 01 / 08 / 2016

Transaction ID : C3257663

Amount of Each Receipt this Period
 1000.00

C. Michael Gary Gunlock
Full Name (Last, First, Middle Initial)

Mailing Address 316 Dawn River Cv

City Austin State TX Zip Code 78732-1989

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

Name of Employer Austin Radiological Association 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
 01 / 08 / 2016

Transaction ID : C3257664

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. Saman M Hassibi

Mailing Address 1805 West 32nd St

City Austin State TX Zip Code 78703

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

Name of Employer Univ of TX Southwestern Med Ctr Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257665

Amount of Each Receipt this Period 1000.00

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

Mailing Address 130 Woodlawn Ave

City Decatur State GA Zip Code 30030-2309

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

Name of Employer Emory University Occupation Pediatric Interventional Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 25 / 2016
Transaction ID : C3243758

Amount of Each Receipt this Period 210.00

Full Name (Last, First, Middle Initial)
C. William T Herrington

Mailing Address 1110 Laurel Pl

City Athens State GA Zip Code 30606-5789

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

Name of Employer Athens Radiological Associates Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 04 / 2016
Transaction ID : C3257757

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2710.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Ronald Louis Hoelscher
Full Name (Last, First, Middle Initial)

Mailing Address 4601 Elohi Dr

City Austin State TX Zip Code 78746-1642

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

Name of Employer Austin Radiological Assoc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257666

Amount of Each Receipt this Period 1000.00

B. John S Hogg
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Wild Cat Holw

City Austin State TX Zip Code 78746-3622

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

Name of Employer Austin Radiological Associates Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257667

Amount of Each Receipt this Period 1000.00

C. Jody J Hooten MD
Full Name (Last, First, Middle Initial)

Mailing Address 6209 Soter Pkwy

City Austin State TX Zip Code 78735-6135

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257668

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Connie I-Chih Hsu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 10900 Stonelake Blvd Ste 250
 City Austin State TX Zip Code 78759-5873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257669
 Amount of Each Receipt this Period
1000.00

B. Shaheen M Hussaini MBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3604 Balcones Dr
 City Austin State TX Zip Code 78731-5804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257670
 Amount of Each Receipt this Period
1000.00

C. Kent Ernest Ibanez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3712 Josh Lane
 City Austin State TX Zip Code 78730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257671
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Michael A Jaimes MD

Mailing Address 2110 Griswold Ln

City Austin State TX Zip Code 78703-3010

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

Name of Employer Austin Radiological Associates Occupation Interventional 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
 01 / 08 / 2016
Transaction ID : C3257672

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Ravi Jay Jhaveri

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City Austin State TX Zip Code 78759-5826

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

Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257673

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Charles E Johnson

Mailing Address 13337 Brightsky Overlook

City Austin State TX Zip Code 78732-2393

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

Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257674

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	▶	3000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Amita Kamath MD
Full Name (Last, First, Middle Initial)

Mailing Address 12554 Riata Vista Circle

City Austin State TX Zip Code 78727

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257675

Amount of Each Receipt this Period 1000.00

B. Gregory C Karnaze
Full Name (Last, First, Middle Initial)

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste A-250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257676

Amount of Each Receipt this Period 1000.00

C. Jonathan Antony Kini
Full Name (Last, First, Middle Initial)

Mailing Address 4613 Oakmont Blvd.

City Austin State TX Zip Code 78731

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

Name of Employer Austin Radiological Associates Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257677

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John William Kish MD
Full Name (Last, First, Middle Initial)

Mailing Address 208 Brandon Way

City Austin State TX Zip Code 78733-3269

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257678

Amount of Each Receipt this Period 1000.00

B. Nitasha Klar MD
Full Name (Last, First, Middle Initial)

Mailing Address 43 Rainey St Apt 2603

City Austin State TX Zip Code 78701-4450

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257679

Amount of Each Receipt this Period 1000.00

C. Wendy W Kriegel MD
Full Name (Last, First, Middle Initial)

Mailing Address 528 S Bonita Ave

City Panama City State FL Zip Code 32401-3979

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2016
Transaction ID : C3253752

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John Raymond Leahy
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 10900 Stonelake Blvd Ste 100
 City Austin State TX Zip Code 78759-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257680
 Amount of Each Receipt this Period
1000.00

B. David R Leake
 Full Name (Last, First, Middle Initial)
 Mailing Address 6114 Mountainclimb Dr
 City Austin State TX Zip Code 78731-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257681
 Amount of Each Receipt this Period
1000.00

C. Robert Lieberman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12554 Riata Vista Circle
 City Austin State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257686
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<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. Marcus Lines

Mailing Address 7 Ehrlich Road

City Austin State TX Zip Code 78746-3110

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 08 / 2016**

Transaction ID : C3257682

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
B. Michael N Linver

Mailing Address 6504 Avenida La Cuchilla NW

City Albuquerque State NM Zip Code 87107-5637

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

Name of Employer X-Ray Associates of N.M., P.C. Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 15 / 2016**

Transaction ID : C3253753

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Gael Joan Lonergan

Mailing Address 9008 Bell Mountain DR

City Austin State TX Zip Code 78730

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 08 / 2016**

Transaction ID : C3257683

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Key Denise Spong Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 5991 South High Court
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Imaging Association Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **209.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : C3237699
 Amount of Each Receipt this Period
209.00

B. John Edward Manning
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W 5th St, #1207
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257684
 Amount of Each Receipt this Period
1000.00

C. Michael Beckett Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4201 Green Cliffs Rd
 City Austin State TX Zip Code 78746-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257685
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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. Anthony M Masaryk		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 Transaction ID : C3257687
Mailing Address Austin Radiological Assoc PO Box 4099		Amount of Each Receipt this Period 1000.00
City Austin	State TX Zip Code 78765-4099	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Timothy C McCowan		Date of Receipt MM / DD / YYYY 01 / 12 / 2016 Transaction ID : C3231876
Mailing Address Univ of Mississippi Med Ctr 2500 N State St		Amount of Each Receipt this Period 250.00
City Jackson	State MS Zip Code 39216-4500	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Mississippi Medical Cent	Occupation Interventional Radiologist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mark L McLelland		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 Transaction ID : C3257688
Mailing Address PO Box 4099		Amount of Each Receipt this Period 1000.00
City Austin	State TX Zip Code 78765-4099	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Ian Daragh McLoughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Wild Canyon Loop
 City Austin State TX Zip Code 78732-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257689
 Amount of Each Receipt this Period
 1000.00

B. Andrea W Michel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7106 Foxtree Cove
 City Austin State TX Zip Code 78750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257690
 Amount of Each Receipt this Period
 1000.00

C. Robert M Milman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6409 Williams Ridge Way
 City Austin State TX Zip Code 78731-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Assoc. 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
 01 / 08 / 2016
Transaction ID : C3257691
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Elizabeth A Moorehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 4308 Palladio Dr
 City Austin State TX Zip Code 78731-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257692
 Amount of Each Receipt this Period
 1000.00

B. Jason Christopher Naples
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 PO Box 4700
 City Austin State TX Zip Code 78765-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association Occupation Diagnostic Radiology
 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
 01 / 08 / 2016
Transaction ID : C3257693
 Amount of Each Receipt this Period
 1000.00

C. David H Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 4507 River Wood Court
 City Austin State TX Zip Code 78731-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257694
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 46
(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. Stephen T Pan MD

Mailing Address 1611 Juliet St

City State Zip Code
Austin TX 78704-1420

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

Name of Employer Occupation
Albert Einstein Montefiore 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
01 / 08 / 2016
Transaction ID : C3257695

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Bhairav N Patel MD

Mailing Address 4032 Berkman Dr

City State Zip Code
Austin TX 78723-4543

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

Name of Employer Occupation
Austin Radiological Association 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
01 / 08 / 2016
Transaction ID : C3257696

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Sandip Patel

Mailing Address 141 Beaumont Ct

City State Zip Code
Wilmington NC 28412

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

Name of Employer Occupation
Delaney Radiologists, PA 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
01 / 05 / 2016
Transaction ID : C3226859

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Debra Jo Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 160610
 City Austin State TX Zip Code 78716-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257697
 Amount of Each Receipt this Period **1000.00**

B. F Michael Pfeifer II
 Full Name (Last, First, Middle Initial)
 Mailing Address 8029 Muley Dr
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257698
 Amount of Each Receipt this Period **1000.00**

c. Mark G Poag
 Full Name (Last, First, Middle Initial)
 Mailing Address 15401 Bat Hawk Cir
 City Austin State TX Zip Code 78738-6865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257699
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. David L Pohl		Date of Receipt MM / DD / YYYY 01 / 15 / 2016 Transaction ID : C3253750
Mailing Address 755 Kraffel Ln		Amount of Each Receipt this Period 250.00
City Austin	State MO	Zip Code 63017-8060
FEC ID number of contributing federal political committee. C		
Name of Employer Radiologic Imaging Consultants	Occupation Diagnostic Radiologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Rainer N Poley MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 Transaction ID : C3257700
Mailing Address 421 W 3rd St Apt 1800		Amount of Each Receipt this Period 1000.00
City Austin	State TX	Zip Code 78701-4175
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Curtis T Poor		Date of Receipt MM / DD / YYYY 01 / 20 / 2016 Transaction ID : C3257758
Mailing Address 2415 Eagle Cir		Amount of Each Receipt this Period 250.00
City Bettendorf	State IA	Zip Code 52722-6202
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Group PC SC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Russell Drew Putnam
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiologocail Assoc
 10900 Stonelake Blvd Ste 250
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257701
 Amount of Each Receipt this Period
1000.00

B. Yvonne Marie Queralt
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 10900 Stonelake Blvd Ste 100
 City Austin State TX Zip Code 78759-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257702
 Amount of Each Receipt this Period
1000.00

C. David Quintana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12554 Riata Vista Circle
 City Austin State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257703
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Murali Arul Ranjithan MD

Mailing Address 3311 Big Bend Dr

City Austin State TX Zip Code 78731-5310

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

Name of Employer Austin Radiological Associates Occupation Interventional Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 01 / 08 / 2016
Transaction ID : C3257704

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Andrew Charles Reifsnnyder

Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste A250

City Austin State TX Zip Code 78759-5826

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

Name of Employer Austin Radiological Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 01 / 08 / 2016
Transaction ID : C3257705

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Christopher R Richards

Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste A-250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Associates Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 01 / 08 / 2016
Transaction ID : C3257706

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Dan N Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8616 Mendocino Dr
 City Austin State TX Zip Code 78735-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257707
 Amount of Each Receipt this Period
 1000.00

B. James Stirling Rickards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 NW Countryside Ct
 City McMinnville State OR Zip Code 97128-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McMinnville Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : C3244308
 Amount of Each Receipt this Period
 250.00

C. William Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1036 Liberty Park Dr Apt 53
 City Austin State TX Zip Code 78746-7025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates 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
 01 / 08 / 2016
Transaction ID : C3257708
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John N Rutledge
Full Name (Last, First, Middle Initial)

Mailing Address Austin Radiological Assoc
PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 08 / 2016
Transaction ID : **C3257709**

Amount of Each Receipt this Period
1000.00

B. Philip Robert Saba
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Heydon Ct

City Raleigh State NC Zip Code 27614

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

Name of Employer Wake Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
01 / 16 / 2016
Transaction ID : **C3257383**

Amount of Each Receipt this Period
240.00

C. Amy S Salinas MD
Full Name (Last, First, Middle Initial)

Mailing Address 2504 Keating Ln

City Austin State TX Zip Code 78703-2318

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 08 / 2016
Transaction ID : **C3257710**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Rodney D Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 4633 Far West Blvd Apt 3

City Austin State TX Zip Code 78731-2860

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

Name of Employer Austin Radiological Assoc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257711

Amount of Each Receipt this Period 1000.00

B. Christopher J Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 3850 Charter Point Court

City Brookfield State WI Zip Code 53045

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

Name of Employer Medical College of Wisconsin Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3230059

Amount of Each Receipt this Period 500.00

C. Rajeev Kisan Shah MD
Full Name (Last, First, Middle Initial)

Mailing Address 502 Terrace Mountain Dr

City West Lake Hills State TX Zip Code 78746-3638

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257712

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Sandeep Anil Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7804 Texas Plume Rd
 City Austin State TX Zip Code 78759-6030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257713
 Amount of Each Receipt this Period
 1000.00

B. David Jon Shaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 10900 Stonelake Blvd Ste 250A
 City Austin State TX Zip Code 78759-5795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257714
 Amount of Each Receipt this Period
 1000.00

C. Jeffrey Scott Sheneman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Dawn River Cv
 City Austin State TX Zip Code 78732-1990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257715
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. J Charles Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1504 N Wishon

City State Zip Code
Fresno CA 93728

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

Name of Employer Occupation
Wishon Radiological Medical Group Physician

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
01 / 05 / 2016

Transaction ID : C3226861

Amount of Each Receipt this Period
250.00

B. Christopher Edmond Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Blanco St

City State Zip Code
Austin TX 78703-4920

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

Name of Employer Occupation
Austin Radiological Association 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
01 / 08 / 2016

Transaction ID : C3257716

Amount of Each Receipt this Period
1000.00

c. Mubin Syed
Full Name (Last, First, Middle Initial)

Mailing Address 3108 Henderson Ct

City State Zip Code
Springfield OH 45503

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

Name of Employer Occupation
Dayton Interventional Radiology MD

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
01 / 08 / 2016

Transaction ID : C3230060

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Kurt E Tech
Full Name (Last, First, Middle Initial)

Mailing Address 84 Stephens Rd

City State Zip Code
Grosse Pointe Farms MI 48236-3625

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

Name of Employer Occupation
William Beaumont Hospital Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : C3253751

Amount of Each Receipt this Period
2500.00

B. Hussain G Thaver MD
Full Name (Last, First, Middle Initial)

Mailing Address 801 W 5th St Apt 911

City State Zip Code
Austin TX 78703-5456

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

Name of Employer Occupation
Austin Radiological Association 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
01 / 08 / 2016

Transaction ID : C3257717

Amount of Each Receipt this Period
1000.00

C. Gabrielle R Theriault
Full Name (Last, First, Middle Initial)

Mailing Address 402 Vale St

City State Zip Code
Rollingwood TX 78746-5731

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

Name of Employer Occupation
Austin Radiological Association 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
01 / 08 / 2016

Transaction ID : C3257718

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. James Toby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12554 Riata Vista Circle
 City Austin State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257719
 Amount of Each Receipt this Period
 1000.00

B. Eugene Tong
 Full Name (Last, First, Middle Initial)
 Mailing Address 11405 Cedarcliffe Dr
 City Austin State TX Zip Code 78759-6593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257720
 Amount of Each Receipt this Period
 1000.00

C. Anthony Kenneth Trevino
 Full Name (Last, First, Middle Initial)
 Mailing Address 6712D Valburn Dr
 City Austin State TX Zip Code 78731-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257721
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Simon Trubek

Mailing Address 2804 Newman

City Houston State TX Zip Code 77098

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257722

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
B. Binh C Truong

Mailing Address Austin Radiological Associates PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : C3257723

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. Brent Joseph Wagner

Mailing Address Reading Hospital 6th Ave and Spruce St

City Reading State PA Zip Code 19612-6052

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

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2016
Transaction ID : C3232595

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John Grady Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 Raleigh Ave
 City Austin State TX Zip Code 78703-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257724
 Amount of Each Receipt this Period **1000.00**

B. J Andrew Williamson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Silver Hill Dr
 City Austin State TX Zip Code 78746-7422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Interventional Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257725
 Amount of Each Receipt this Period **1000.00**

C. James P Willis
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Birnam Wood Ct
 City Austin State TX Zip Code 78746-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3257726
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Mary Z Winsett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3405 Northwood Cir
 City Austin State TX Zip Code 78703-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257727
 Amount of Each Receipt this Period
1000.00

B. Charles Vincent Wiseman
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste 250
 City Austin State TX Zip Code 78759-5873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological 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
 01 / 08 / 2016
Transaction ID : C3257728
 Amount of Each Receipt this Period
1000.00

C. Catherine A Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Radiological Association
 10500 Stonelake Blvd #140
 City Austin State TX Zip Code 78765-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Radiological Association 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
 01 / 08 / 2016
Transaction ID : C3257729
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	108344.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Bank of America - Hard

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : D171022

Amount of Each Disbursement this Period

977.77

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

977.77

977.77