

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00343459
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2026
Mailing Address 808 N Irena Ave		Amount 29464.00
City Redondo Beach	State CA	Zip Code 90277-2224
Purpose of Expenditure Mail Marketing for DR SAM FOR CONGRESS	Category/ Type	Transaction ID : E4AB193A073D145EAB14 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate McCown, Sam, , Dr.,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 127422.34		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29464.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	29464.00

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

Scanlon, Mary, H, Dr., MD, FACR

Signature

Date

MM / DD / YYYY
06 / 01 / 2026