

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

Check if different than previously reported. (ACC)

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 06 01 2017 through 06 30 2017

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

Type or Print Name of Treasurer

Signature of Treasurer Scanlon, Mary, F., MD, FACR [Electronically Filed] Date 07 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		529293.03
(b) Cash on Hand at Beginning of Reporting Period.....	821852.21	
(c) Total Receipts (from Line 19)	33975.78	731366.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	855827.99	1260659.74
7. Total Disbursements (from Line 31).....	95364.96	500196.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	760463.03	760463.03
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

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).....	30819.74	633529.49
(ii) Unitemized	3156.04	97837.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33975.78	731366.71
(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)	33975.78	731366.71
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)).....▶	33975.78	731366.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33975.78	731366.71

DETAILED SUMMARY PAGE
of Disbursements

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	364.96	9696.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	364.96	9696.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	485500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	95364.96	500196.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95364.96	500196.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	33975.78	731366.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33975.78	731366.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	364.96	9696.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	364.96	9696.71

**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 93
<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. Abdel-Dayem, Essmaeel, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Thatcher St Apt 5
 City Brookline State MA Zip Code 02446-3532
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551424
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Agola, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 Hickman Dr
 City Virginia Beach State VA Zip Code 23452-4705
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Medical Center Radiologists, I Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551406
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ahmed, Christopher, Rauf, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Royal Highlands Ln
 City Dothan State AL Zip Code 36305-9345
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.84

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542414
 Amount of Each Receipt this Period 510.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	910.42
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 7 OF 93
<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. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017
Transaction ID : C3542219
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C3551302
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Alexander, Julia, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Asphodel Dr
 City Dothan State AL Zip Code 36303-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1020.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2017
Transaction ID : C3542415
 Amount of Each Receipt this Period 510.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	546.14
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 8 OF 93
	<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. Alson, Mark, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6641 N Forkner Ave
 City Fresno State CA Zip Code 93711-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sierra Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2017
Transaction ID : C3546023
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Altieri, Rafael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Savoy St Apt D308
 City Boston State MA Zip Code 02118-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C3551425
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Angel, Wesley, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Memphis Radiological PC
 7695 Poplar Pike
 City Germantown State TN Zip Code 38138-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MRPC Occupation (for Individual) Interventional Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2017
Transaction ID : C3538783
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 93
<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. Arrington, Lawrence, Eugene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Lakemont Dr
 City Augusta State GA Zip Code 30904-3175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542462
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Barry, Joseph, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Nathan Ln
 City Carlisle State MA Zip Code 01741-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commonwealth Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 14 / 2017
Transaction ID : C3537473
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Bauza, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3880 Inverness Way
 City Martinez State GA Zip Code 30907-9433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542468
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1041.67
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 10 OF 93
	<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. Bear, Howard, Marshall, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4931 Pearlman Way

City San Diego	State CA	Zip Code 92130-2789
-------------------	-------------	------------------------

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

Name of Employer (for Individual) San Diego Imaging Medical Group	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : C3532932

Amount of Each Receipt this Period
50.00

Memo Item

B. Becker, Lance, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1405 Wesleys Run

City Gladwyne	State PA	Zip Code 19035-1049
------------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology, Ltd.	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551444

Amount of Each Receipt this Period
120.00

Memo Item

C. Beckett, William, W, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Fairview Ave

City Dothan	State AL	Zip Code 36301-3099
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of Dothan	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1020.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

Transaction ID : C3542416

Amount of Each Receipt this Period
510.42

Memo Item

SUBTOTAL of Receipts This Page (optional).....	680.42
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 93
	<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. Bernauer, Timothy, Andrew, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 Pintail Pl

City Appleton	State WI	Zip Code 54913-8068
------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of Appleton	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2017

Transaction ID : C3540643

Amount of Each Receipt this Period
210.00

Memo Item

B. Bezreh, James, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address South Shore Hospital
55 Fogg Rd

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

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

Name of Employer (for Individual) South Shore Hospital	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551426

Amount of Each Receipt this Period
100.00

Memo Item

C. Blum, Justin, Tyler, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Kershaw Road

City Wallingford	State PA	Zip Code 19086
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551445

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
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 93
	<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. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542220
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551303
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Bolton, J, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Hunters Glenn Rd
 City Dothan State AL Zip Code 36303-2468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1020.84

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542417
 Amount of Each Receipt this Period 510.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	546.14
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 93
	<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	<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. Brecher, Chad, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 S Wayne Ave
 City Wayne State PA Zip Code 19087-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551446
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Brooks, William, S, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2172
 City Augusta State GA Zip Code 30903-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542458
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brown, Wendy, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 Botetourt Gdns
 City Norfolk State VA Zip Code 23507-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551420
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<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	<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. Campbell, John, Neil, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 Watersedge Dr
 City Virginia Beach State VA Zip Code 23452-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551407
 Amount of Each Receipt this Period 225.00
 Memo Item

B. Campbell, Justin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address South Shore Hospital 55 Fogg Rd
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551428
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Charnoff, Shelley, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Sea Ave
 City Quincy State MA Zip Code 02169-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551429
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 93
<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. Cheruvu, Raja, Sekhar, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 Sanctuary Ct

City Williamsville	State NY	Zip Code 14221-3963
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Windsong Radiology Group	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2017

Transaction ID : C3530421

Amount of Each Receipt this Period
62.50

Memo Item

B. Chiang, Jing-Tzyh, Alan, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Glenarm PI Apt 2311

City Denver	State CO	Zip Code 80202-4335
----------------	-------------	------------------------

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

Name of Employer (for Individual) RIA	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542431

Amount of Each Receipt this Period
25.00

Memo Item

C. Chiang, Jing-Tzyh, Alan, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Glenarm PI Apt 2311

City Denver	State CO	Zip Code 80202-4335
----------------	-------------	------------------------

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

Name of Employer (for Individual) RIA	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3551332

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.50
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 16 OF 93
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Chiang, Jing-Tzyh, Alan, , Dr.

Mailing Address 1600 Glenarm PI Apt 2311

City Denver	State CO	Zip Code 80202-4335
----------------	-------------	------------------------

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

Name of Employer (for Individual) RIA	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Transaction ID : C3551349

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cintron, Elsie, , ,

Mailing Address 125 Calle Aleli

City San Juan	State PR	Zip Code 00927-6306
------------------	-------------	------------------------

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

Name of Employer (for Individual) San Jorge Children's Hospital	Occupation (for Individual) Radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

Transaction ID : C3534333

Amount of Each Receipt this Period
83.34

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Collazo-Ornes, Pedro, , ,

Mailing Address 3 Nairn St Cond Oceanica Apt 9

City San Juan	State PR	Zip Code 00907
------------------	-------------	-------------------

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

Name of Employer (for Individual) SP RADIOLOGY, PSC	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2016
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : C3538785

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.34
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 93
	<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. Collazo-Ornes, Pedro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Nairn St Cond Oceanica Apt 9
 City San Juan State PR Zip Code 00907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SP RADIOLOGY, PSC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 18 / 2017
Transaction ID : C3540644
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Collazzo, Lisa, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Pennsford Ln
 City Media State PA Zip Code 19063-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551447
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Conlin, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DRA Flint PC Occupation (for Individual) Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2017
Transaction ID : C3531676
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
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 93
	<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. Cook, Glenn, Clyde, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Scottsdale Med Imaging Ltd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : C3551395
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Crummy, Timothy, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Middleton Beach Rd
 City Madison State WI Zip Code 53562-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2014 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.52

Date of Receipt **06 / 05 / 2017**
Transaction ID : C3530667
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Davis, James, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Chigoe Ln
 City Appling State GA Zip Code 30802-3838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 01 / 2017**
Transaction ID : C3542464
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	630.42
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 93
<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. de la Vega, Raul, S, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2936 Grampian Dr
 City Gastonia State NC Zip Code 28054-6402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shelby Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 15 / 2017
Transaction ID : C3537899
 Amount of Each Receipt this Period 45.00
 Memo Item

B. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542224
 Amount of Each Receipt this Period 17.86
 Memo Item

C. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551307
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.72
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 20 OF 93
	<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. Dobzyniak, Christopher, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4010 Richardson Rd

City Virginia Beach	State VA	Zip Code 23455-5609
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Center Radiologists Inc.	Occupation (for Individual) Interventional Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551408

Amount of Each Receipt this Period
150.00

Memo Item

B. Dorsay, Theodore, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4544 Columbus St Apt 934

City Virginia Beach	State VA	Zip Code 23462-7534
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Center Radiologists, Inc.	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551409

Amount of Each Receipt this Period
160.00

Memo Item

C. Downing, Michael, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Associates of Dothan
1900 Fairview Ave

City Dothan	State AL	Zip Code 36301-3099
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of Dothan	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1020.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

Transaction ID : C3542418

Amount of Each Receipt this Period
510.41

Memo Item

SUBTOTAL of Receipts This Page (optional).....	820.41
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 93
	<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. Dungan, David, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 Front Range Rd

City Littleton	State CO	Zip Code 80120-4007
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaginig Associates	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542433

Amount of Each Receipt this Period

19.23

 Memo Item

B. Dungan, David, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 Front Range Rd

City Littleton	State CO	Zip Code 80120-4007
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaginig Associates	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3551334

Amount of Each Receipt this Period

19.23

 Memo Item

C. Dungan, David, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 Front Range Rd

City Littleton	State CO	Zip Code 80120-4007
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaginig Associates	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Transaction ID : C3551351

Amount of Each Receipt this Period

19.23

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 22 OF 93
<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. El Jack, Amr, Kamal, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 E Deerfield Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551448
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Elaini, Ahmed, Bassem, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 54
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551430
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Elam, Warren, Dibrill, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 211669
 City Augusta State GA Zip Code 30917-1669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542453
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
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 93
<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. Ellenbogen, Paul, H, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Wolf St Unit 14B

City Dallas	State TX	Zip Code 75201-7055
----------------	-------------	------------------------

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

Name of Employer (for Individual) Southwest Imaging & Interven specialis	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : C3538786

Amount of Each Receipt this Period
83.34

Memo Item

B. Feigin, Kimberly, Nicole, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E 66th St Unit 15

City New York	State NY	Zip Code 10065-6800
------------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Sloan-Kettering Cancer Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2017

Transaction ID : C3542481

Amount of Each Receipt this Period
250.00

Memo Item

C. Fernandez, Stephen, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Fairview Ave

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

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

Name of Employer (for Individual) Radiology Associates of Dothan	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1020.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

Transaction ID : C3542420

Amount of Each Receipt this Period
510.41

Memo Item

SUBTOTAL of Receipts This Page (optional).....	843.75
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 93
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ferrara, Stephen, Louis, ,

Mailing Address 3411 E Sells Dr

City Phoenix	State AZ	Zip Code 85018-3931
-----------------	-------------	------------------------

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

Name of Employer (for Individual) US Navy	Occupation (for Individual) Interventional Radiologist
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : C3530668

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ferrone, George, Joseph, ,

Mailing Address 552 Dale Ct E

City River Vale	State NJ	Zip Code 07675-5907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3542226

Amount of Each Receipt this Period
17.86

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ferrone, George, Joseph, ,

Mailing Address 552 Dale Ct E

City River Vale	State NJ	Zip Code 07675-5907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Transaction ID : C3551309

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.72
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 93
(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

A. Fisher, Adam, Robert, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2035 Grantham Rd

City Berwyn	State PA	Zip Code 19312-2119
----------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : C3551449

Amount of Each Receipt this Period
120.00

Memo Item

B. Fleishman, Matthew, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 S Williams St

City Denver	State CO	Zip Code 80209-4540
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : C3542435

Amount of Each Receipt this Period
19.23

Memo Item

C. Fleishman, Matthew, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 S Williams St

City Denver	State CO	Zip Code 80209-4540
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

Transaction ID : C3551336

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.46
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 93
	<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. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 S Williams St
 City Denver State CO Zip Code 80209-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : C3551353
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Friedberg, Eric, Brian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tavistock Ct
 City Johns Creek State GA Zip Code 30022-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3529673
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Friedland, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Garfield St
 City Denver State CO Zip Code 80206-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542436
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.46
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 27 OF 93
	<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. Friedland, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Garfield St

City Denver	State CO	Zip Code 80206-5514
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3551337

Amount of Each Receipt this Period
19.23

Memo Item

B. Friedland, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Garfield St

City Denver	State CO	Zip Code 80206-5514
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Transaction ID : C3551354

Amount of Each Receipt this Period
19.23

Memo Item

c. Gordon, Andrew, Ryan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 Glenwood Road

City Haddonfield	State NJ	Zip Code 08033
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551450

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.46
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 93
	<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. Gore, Robert, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79 Richmond St
 City Dorchester Center State MA Zip Code 02124-5729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551431
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Granata, Lauren, Thomson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1317 Five Point Rd
 City Virginia Beach State VA Zip Code 23454-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551410
 Amount of Each Receipt this Period 252.00
 Memo Item

C. Grande, William, J, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3059 S Cook St
 City Denver State CO Zip Code 80210-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542437
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	377.00
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 29 OF 93
<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. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St

City Denver	State CO	Zip Code 80210-6511
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

Transaction ID : C3551338

Amount of Each Receipt this Period
25.00

Memo Item

B. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St

City Denver	State CO	Zip Code 80210-6511
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Transaction ID : C3551355

Amount of Each Receipt this Period
25.00

Memo Item

c. Green, Edward, Douglas, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Windsong Cv

City Ridgeland	State MS	Zip Code 39157-8736
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Mississippi Medical Cent	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2016
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2017

Transaction ID : C3531222

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 30 OF 93
	<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. Gu, Liang, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Red Cypress Run

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

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

Name of Employer (for Individual) Dothan Radiology	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

Transaction ID : C3542421

Amount of Each Receipt this Period
510.41

Memo Item

B. Haas, David, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 S Maryland Pkwy

City Las Vegas	State NV	Zip Code 89109-2257
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SDMI	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : C3546434

Amount of Each Receipt this Period
85.00

Memo Item

c. Hahn, Heather, Griffith, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 Thoreau Ct

City Landenberg	State PA	Zip Code 19350-9512
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551451

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.41
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 31 OF 93
	<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. Han, Gene, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3542227

Amount of Each Receipt this Period
17.86

Memo Item

B. Han, Gene, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Transaction ID : C3551310

Amount of Each Receipt this Period
17.86

Memo Item

C. Hawkins, C, Matthew, , Dr.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Emory University	Occupation (for Individual) Pediatric Interventional Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2017

Transaction ID : C3558657

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.72
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 93
	<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. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 01 / 2017**
Transaction ID : C3542438
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 08 / 2017**
Transaction ID : C3551339
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 23 / 2017**
Transaction ID : C3551356
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 93
	<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. Heninger, Robert, D., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Grey Eagle Pass
 City Minot State ND Zip Code 58703-1816
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Trinity Health Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 06 / 07 / 2017
Transaction ID : C3532178
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hiehle, John, Frederick, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Westdale Avenue
 City Swarthmore State PA Zip Code 19081-2223
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551452
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Ho, Michael, Nai Kong, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Radiology Inc
 5544 Greenwich Rd Ste 200
 City Virginia Beach State VA Zip Code 23462-6563
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Medical Center Radiologists, I Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551411
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	920.00
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 93
	<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. Hoagland, Lee, Eric, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Johnson Pl
 City Evansville State IN Zip Code 47714-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evansville Radiology, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 06 / 2017
Transaction ID : C3531223
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hollman, Anthony, D, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Morning Glory Ln
 City Dothan State AL Zip Code 36305-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dothan Radiology Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542419
 Amount of Each Receipt this Period 255.21
 Memo Item

C. Holloway, Charles, Hugh, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Fairview Ave
 City Dothan State AL Zip Code 36301-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.84

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542422
 Amount of Each Receipt this Period 510.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.63
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 93
	<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. Hopper, Orlin, Woodie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 E Geddes Suite 200
 Mail Stop SKDL
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542439
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hopper, Orlin, Woodie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 E Geddes Suite 200
 Mail Stop SKDL
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3551341
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hopper, Orlin, Woodie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 E Geddes Suite 200
 Mail Stop SKDL
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2017
Transaction ID : C3551358
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 93
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ignacio, Elizabeth, Ann, ,

Mailing Address 71 Kamaiki Cir

City Kahului	State HI	Zip Code 96732-3153
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2017

Transaction ID : C3537900

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Johnson, Lester, Skolfield, ,

Mailing Address 1021 Downshire Chase

City Virginia Beach	State VA	Zip Code 23452-6154
------------------------	-------------	------------------------

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

Name of Employer (for Individual) MCR	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
599.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551412

Amount of Each Receipt this Period
249.99

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Johnson, William, Kent, ,

Mailing Address 2839 Lombardy Ct

City Augusta	State GA	Zip Code 30909-3901
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Brown and Associates	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542463

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	849.99
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 37 OF 93
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Johnstone, Peter, Anthony S, ,		Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address Moffitt Cancer Center 12902 Usf Magnolia Dr		Transaction ID : C3543363
City Tampa	State FL	Zip Code 33612-9416
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Moffitt Cancer Center	Occupation (for Individual) Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		Amount of Each Receipt this Period 100.00
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Harold, Bradford, , JR		Date of Receipt MM / DD / YYYY 06 / 01 / 2017
Mailing Address 2806 Bellevue Ave		Transaction ID : C3542456
City Augusta	State GA	Zip Code 30909-3804
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Brown and Associates	Occupation (for Individual) Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Jeremy, York, ,		Date of Receipt MM / DD / YYYY 06 / 17 / 2017
Mailing Address 5202 Locust Street		Transaction ID : C3540627
City Bellaire	State TX	Zip Code 77401-3300
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Texas Children's Hospital	Occupation (for Individual) Diagnostic Radiologist	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	
		Amount of Each Receipt this Period 50.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 93
	<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. Jones, William, Falkes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9477 E Shangri La Rd
 City Scottsdale State AZ Zip Code 85260-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551396
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jordan, Sheryl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 Tenney Cir
 City Chapel Hill State NC Zip Code 27514-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina School of Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2017
Transaction ID : C3540662
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kelley, Russell, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 585
 City Norwell State MA Zip Code 02061-0585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551432
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 93
	<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. Kelly, Jason, Lincoln, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Ridgeway Pkwy
 City Lone Tree State CO Zip Code 80124-5522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542440
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kelly, Jason, Lincoln, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Ridgeway Pkwy
 City Lone Tree State CO Zip Code 80124-5522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3551342
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kelly, Jason, Lincoln, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Ridgeway Pkwy
 City Lone Tree State CO Zip Code 80124-5522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIA Denver Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2017
Transaction ID : C3551359
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 93
<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. Kim, William, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017
Transaction ID : C3542228
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Kim, William, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C3551311
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Kleinman, Jay, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2130 Greenbrier Dr
 City Villanova State PA Zip Code 19085-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C3551453
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.72
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 93
	<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. Kramer, Jeffrey, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2147 Meadow Ridge Dr
 City Lancaster State PA Zip Code 17601-5762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542256
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kresge, Carrie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Stoney Brook Blvd
 City Newtown Square State PA Zip Code 19073-3953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551454
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Kuo, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13026 E Turquoise Ave
 City Scottsdale State AZ Zip Code 85259-5341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551397
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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 93
	<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. Lanier, Karah, Maher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 S Sea Breeze Trl
 City Virginia Beach State VA Zip Code 23452-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551413
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Leslie, Paul, Albert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 Eshelman Rd
 City Lancaster State PA Zip Code 17601-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542257
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lohnes, John, H, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Wichita Radiological Group PA PO Box 8903
 City Wichita State KS Zip Code 67208-0903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wichita Rad Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 07 / 2017
Transaction ID : C3532179
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	440.00
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 43 OF 93
	<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. Longe, Michael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 River Wind Dr
 City North Augusta State SC Zip Code 29841-6092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542448
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Luebert, Phillip, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9528 25th Bay St
 City Norfolk State VA Zip Code 23518-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551414
 Amount of Each Receipt this Period 249.99
 Memo Item

C. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542441
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	769.22
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 93
<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. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 08 / 2017
Transaction ID : C3551343
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : C3551360
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Lund, Eric, Conrad, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Asphodel Dr
 City Dothan State AL Zip Code 36303-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.84

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542423
 Amount of Each Receipt this Period 510.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	548.88
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 93
	<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. Lynch, Jennifer, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Forest Ave
 City Cohasset State MA Zip Code 02025-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551433
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mahoney, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address South Shore Hospital 55 Fogg Rd
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551434
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Malde, Hiten, Maganlal, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Kinkaid Ave
 City Closter State NJ Zip Code 07624-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542229
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	217.86
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 46 OF 93
<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. Malde, Hiten, Maganlal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Kinkaid Ave

City Closter	State NJ	Zip Code 07624-2908
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2017

Transaction ID : C3551312

Amount of Each Receipt this Period
17.86

Memo Item

B. Malden, Eric, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3355 S Clayton Blvd

City Englewood	State CO	Zip Code 80113-7611
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : C3542442

Amount of Each Receipt this Period
19.23

Memo Item

C. Malden, Eric, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3355 S Clayton Blvd

City Englewood	State CO	Zip Code 80113-7611
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

Transaction ID : C3551344

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.32
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 47 OF 93
<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. Malden, Eric, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3355 S Clayton Blvd

City Englewood	State CO	Zip Code 80113-7611
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Transaction ID : C3551361

Amount of Each Receipt this Period
19.23

Memo Item

B. Matteo, Diana, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 723 Brandywine Dr

City Bear	State DE	Zip Code 19701-1274
--------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : C3551458

Amount of Each Receipt this Period
120.00

Memo Item

C. May, Christopher, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14627 E Paradise Dr

City Fountain Hills	State AZ	Zip Code 85268-6157
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Imaging Associates	Occupation (for Individual) 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
06	/	30	/	2017

Transaction ID : C3551399

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	239.23
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 48 OF 93
	<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. McGinty, Geraldine, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Avenue B Apt 3C
 City New York State NY Zip Code 10009-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 05 / 2017
Transaction ID : C3530669
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McKenzie, Susan, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Rads Inc
 5544 Greenwich Rd Ste 200
 City Virginia Beach State VA Zip Code 23462-6563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, I Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551415
 Amount of Each Receipt this Period 333.33
 Memo Item

C. McKinney, J, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mayo Clinic
 4500 San Pablo Rd
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2017
Transaction ID : C3530422
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	473.33
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 49 OF 93
	<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. McKinsty, Robert, Carolin, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mallinckrodt Inst of Radiology
 510 S Kingshighway Blvd
 City Saint Louis State MO Zip Code 63110-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Occupation (for Individual) Neuro Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542122
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mergo, Patricia, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 San Pablo Rd S
 City Jacksonville State FL Zip Code 32224-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 12 / 2017
Transaction ID : C3558655
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Miller, Mitchell, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Constitution Ct Apt 1009
 City Hoboken State NJ Zip Code 07030-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542231
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.86
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 50 OF 93
	<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. Miller, Mitchell, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken	State NJ	Zip Code 07030-6730
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Transaction ID : C3551314

Amount of Each Receipt this Period

17.86

 Memo Item

B. Miseljic, Slobodan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Lawrence St

City Boston	State MA	Zip Code 02116-6211
----------------	-------------	------------------------

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

Name of Employer (for Individual) South Shore Radiology Associates	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551435

Amount of Each Receipt this Period

100.00

 Memo Item

C. Monoky, David, John, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 271 Greenway Rd

City Ridgewood	State NJ	Zip Code 07450-4701
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3542223

Amount of Each Receipt this Period

17.86

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.72
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 51 OF 93
	<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	<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. Monoky, David, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Greenway Rd
 City Ridgewood State NJ Zip Code 07450-4701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551306
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Morgan, Jonathan, Asher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Roscommon Dr
 City Newtown Square State PA Zip Code 19073-3047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551455
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Moriarity, Andrew, Kent, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 Bridge St NW Apt 2604
 City Grand Rapids State MI Zip Code 49504-5399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Radiology Services Occupation (for Individual) Radiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 22 / 2017
Transaction ID : C3543364
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	387.86
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 52 OF 93
	<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. Morris, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Eagle Dr
 City Canton State MA Zip Code 02021-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551436
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Muetterties, Kurt, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 Painter Rd
 City Media State PA Zip Code 19063-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551456
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542232
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.86
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 53 OF 93
	<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	<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. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551315
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Nakhoda, Khozaim, Zein, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3831 Rotherfield Ln
 City Chadds Ford State PA Zip Code 19317-8925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551457
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Nicholson, Brandi, Tamara, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Tyree Ln
 City Charlottesville State VA Zip Code 22901-3204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UVA Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 16 / 2017
Transaction ID : C3538788
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.86
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 54 OF 93
	<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	<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. Nicola, Gregory, Neal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

City New York	State NY	Zip Code 10069-0314
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3542233

Amount of Each Receipt this Period
17.86

Memo Item

B. Nicola, Gregory, Neal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

City New York	State NY	Zip Code 10069-0314
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Transaction ID : C3551316

Amount of Each Receipt this Period
17.86

Memo Item

c. Obembe, Olufolajimi, O, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1263

City Lawrence	State KS	Zip Code 66044-8263
------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology and Nuclear Medicine	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3548269

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.72
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 55 OF 93
	<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. Oleinik, Eveleen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 Downshire Chase
 City Virginia Beach State VA Zip Code 23452-6154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551416
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542235
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551318
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.72
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 56 OF 93
	<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. Owen, Rodney, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9122 N 60th St
 City Paradise Valley State AZ Zip Code 85253-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551401
 Amount of Each Receipt this Period 180.00
 Memo Item

B. Palmer, Chad, Coletti, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10678 E Palm Ridge Dr
 City Scottsdale State AZ Zip Code 85255-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scottsdale Medical Imaging Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551402
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542236
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.86
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 57 OF 93
	<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. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551319
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Park, Kip, Kang-il, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 Blue Heron Rd
 City Virginia Beach State VA Zip Code 23454-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551417
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Parker, Mark, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9254 Honeymoon Cottage Way
 City Mechanicsville State VA Zip Code 23116-5484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU/MCV Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2017
Transaction ID : C3542010
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	507.86
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 58 OF 93
	<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. Patel, Dhiren, Y, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1041 Bluestone Dr

City Lititz	State PA	Zip Code 17543-6900
----------------	-------------	------------------------

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

Name of Employer (for Individual) Lancaster Radiology Associates, Ltd.	Occupation (for Individual) 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
06		08		2017

Transaction ID : C3542258

Amount of Each Receipt this Period
50.00

Memo Item

B. Patel, Rita, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Ware Rd

City Upper Saddle River	State NJ	Zip Code 07458-1919
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : C3542238

Amount of Each Receipt this Period
17.86

Memo Item

C. Patel, Rita, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Ware Rd

City Upper Saddle River	State NJ	Zip Code 07458-1919
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Transaction ID : C3551321

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.72
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 59 OF 93
	<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	<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. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542239
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551322
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Pjura, George, A, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3703 Stonebridge Dr
 City Cape Girardeau State MO Zip Code 63701-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cape Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542482
 Amount of Each Receipt this Period 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	935.72
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 60 OF 93
	<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. Prather, Stuart, H, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2220 Edgewood Dr

City Augusta	State GA	Zip Code 30904-3465
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Brown and Radiology Associates	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542457

Amount of Each Receipt this Period
500.00

Memo Item

B. Preis, Ori, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Charlotte Rd

City Newton	State MA	Zip Code 02459
----------------	-------------	-------------------

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

Name of Employer (for Individual) South Shore Hospital	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551437

Amount of Each Receipt this Period
100.00

Memo Item

C. Rafoth, Joshua, B, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 Scotts Way

City Augusta	State GA	Zip Code 30909-3250
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542466

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 93
<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. Rakow, Joel, I, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 Ivy Lane

City Wyckoff	State NJ	Zip Code 07481-1072
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

Transaction ID : C3542240

Amount of Each Receipt this Period
17.86

Memo Item

B. Rakow, Joel, I, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 Ivy Lane

City Wyckoff	State NJ	Zip Code 07481-1072
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2017

Transaction ID : C3551323

Amount of Each Receipt this Period
17.86

Memo Item

C. Ram, Sunil, Kumar, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12455 N 118th Way

City Scottsdale	State AZ	Zip Code 85259-2718
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Scottsdale Medical Imaging	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : C3551403

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.72
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 62 OF 93
	<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. Ramprasad, Krish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Harwicke Rd
 City Springfield State PA Zip Code 19064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551459
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Rawson, James, Vincent, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical College of Georgia
 1120 15th St # Ba1414
 City Augusta State GA Zip Code 30912-0006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Georgia Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 17 / 2017
Transaction ID : C3540628
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Rhodes, Robert, A, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Maple Ct
 City Athens State GA Zip Code 30606-5746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athens Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2017
Transaction ID : C3532972
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	328.34
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 63 OF 93
	<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. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 01 / 2017**
Transaction ID : C3542444
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 08 / 2017**
Transaction ID : C3551345
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 23 / 2017**
Transaction ID : C3551362
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 64 OF 93
<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. Rogers, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 West Gap Creek Road
 City Greer State SC Zip Code 29651-5065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMG Radiology GHS Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2017
Transaction ID : C3545475
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Rogers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 River Oak Dr
 City North Augusta State SC Zip Code 29841-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2017
Transaction ID : C3542467
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Rubin, Eric, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Marcella Ln
 City Media State PA Zip Code 19063-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology, Ltd. Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : C3551460
 Amount of Each Receipt this Period
 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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 65 OF 93
	<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. Sachse, Hans, P E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 Faigle Rd
 City Portsmouth State VA Zip Code 23703-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.66

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551418
 Amount of Each Receipt this Period 333.33
 Memo Item

B. Saluk, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 Winding Way
 City Media State PA Zip Code 19063-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551461
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Schwartz, Martin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5540 Havenhill Rd
 City Birmingham State AL Zip Code 35210-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Birmingham, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2017
Transaction ID : C3543674
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	503.33
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 66 OF 93
	(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. Schwartzman, Gregory, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Mill Brook Ln
 City Media State PA Zip Code 19063-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551462
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Sepahdari, Ali, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3509 Oakfield Dr
 City Sherman Oaks State CA Zip Code 91423-4428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2017
Transaction ID : C3536255
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Shaves, Sarah, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Arrowhead Pt
 City Virginia Beach State VA Zip Code 23455-4407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551419
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 67 OF 93
	<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. Siebert, Derrick, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1012

City Wausau	State WI	Zip Code 54402-1012
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of Wausau S.C.	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2017

Transaction ID : C3537901

Amount of Each Receipt this Period
240.00

Memo Item

B. Simmons, Lonnie, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Gundersen/Lutheran Med Ctr
1900 South Ave C02-002

City La Crosse	State WI	Zip Code 54601-5494
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Gundersen Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2017

Transaction ID : C3545436

Amount of Each Receipt this Period
83.34

Memo Item

C. Skalina, Stefan, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Brookside Rd

City Wallingford	State PA	Zip Code 19086-6208
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551463

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	443.34
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 68 OF 93
	<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. Smith, Kevin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 Connecticut Ave S Ste 100
 City Sartell State MN Zip Code 56377-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Diagnostic Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 28 / 2017
Transaction ID : C3546435
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Soeiro, Damon, Randall, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 S Swarthmore Ave
 City Swarthmore State PA Zip Code 19081-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551464
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542445
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 69 OF 93
<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. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3551346
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2017
Transaction ID : C3551363
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Specht, Adam, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3309 Chappell Pl
 City Virginia Beach State VA Zip Code 23452-6290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCR Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 824.98

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551421
 Amount of Each Receipt this Period 399.99
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	439.99
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 70 OF 93
	<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. St Germain, David, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Forrest Ct

City Metairie	State LA	Zip Code 70001-6155
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2017

Transaction ID : C3530435

Amount of Each Receipt this Period
250.00

Memo Item

B. Stock, Joseph, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Plush Mill Road

City Wallingford	State PA	Zip Code 19086-6018
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Southeast Radiology, Ltd.	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : C3551465

Amount of Each Receipt this Period
120.00

Memo Item

C. Stone, Melissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 848 Briggs Rd

City North Augusta	State SC	Zip Code 29860-8481
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Georgia	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : C3542465

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	870.00
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 71 OF 93
<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. Storm, Brett, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Glencoe Way
 City Dothan State AL Zip Code 36305-6978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.82

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542424
 Amount of Each Receipt this Period 510.41
 Memo Item

B. Strain, James, Palmer, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Avery St Apt 31A
 City Boston State MA Zip Code 02111-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551438
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sullivan, Richard, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Bates Way
 City Hanover State MA Zip Code 02339-1597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551440
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.41
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 72 OF 93
	<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. Suojanen, James, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Sanders Way
 City Medfield State MA Zip Code 02052-2659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551441
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Syklawer, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Royal Highlands Ln
 City Dothan State AL Zip Code 36305-9345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542425
 Amount of Each Receipt this Period 255.21
 Memo Item

C. Taxin, Richard, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Hilltop Rd
 City Rose Valley State PA Zip Code 19086-6216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551466
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.21
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 73 OF 93
	<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. Teague, Shawn, DeWayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 Uinta St
 City Denver State CO Zip Code 80238-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Univ School of Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 27 / 2017
Transaction ID : C3558656
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Thomas, Richard, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 Kemp Bridge Ln
 City Chesapeake State VA Zip Code 23320-5056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Radiologists, Inc Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551422
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542244
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	417.86
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 74 OF 93
	<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. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551327
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Turner, Sibley, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Fairview Ave
 City Dothan State AL Zip Code 36301-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Dothan, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1020.84

Date of Receipt 06 / 02 / 2017
Transaction ID : C3542426
 Amount of Each Receipt this Period 510.42
 Memo Item

C. Wald, Christoph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Swallow Cave Rd
 City Nahant State MA Zip Code 01908-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Health Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 340.00

Date of Receipt 06 / 27 / 2017
Transaction ID : C3546025
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	613.28
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 75 OF 93
	<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. Walker, Forrest, Blake, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 918 Johns Rd
 City Augusta State GA Zip Code 30904-6102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown and Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3542455
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wattamwar, Anoop, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Wilfred Ter
 City Cliffside Park State NJ Zip Code 07010-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: 2018 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542245
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Wattamwar, Anoop, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Wilfred Ter
 City Cliffside Park State NJ Zip Code 07010-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 22 / 2017
Transaction ID : C3551328
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	535.72
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 76 OF 93
<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. Westacott, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Glendower Dr
 City Lancaster State PA Zip Code 17601-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542260
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wilson, C, Amy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 W Tulpehocken St
 City Philadelphia State PA Zip Code 19144-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017
Transaction ID : C3551467
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Wittry, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10525 Concord School Rd
 City Saint Louis State MO Zip Code 63128-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group, Inc. Occupation (for Individual) Cardiac Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 14 / 2017
Transaction ID : C3537475
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	303.34
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 77 OF 93
<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. Wolff, William, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Old Pond Rd
 City Great Neck State NY Zip Code 11023-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Main Street Occupation (for Individual) Chief
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2017
Transaction ID : C3542480
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wu, Andrew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Dartmouth Rd Apt 324
 City Raleigh State NC Zip Code 27609-8409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 05 / 2017
Transaction ID : C3542477
 Amount of Each Receipt this Period 520.00
 Memo Item

C. Yang, Clement, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 W 59th St Apt 19E
 City New York State NY Zip Code 10019-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt 06 / 08 / 2017
Transaction ID : C3542246
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	787.86
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 78 OF 93
	<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. Yang, Clement, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 W 59th St Apt 19E
 City New York State NY Zip Code 10019-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C3551329
 Amount of Each Receipt this Period
 17.86
 Memo Item

B. Yeh, Mark, Ming-Yi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Cordova St Unit 311
 City Pasadena State CA Zip Code 91101-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark M. Yeh MD Inc. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C3543366
 Amount of Each Receipt this Period
 50.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.86
TOTAL This Period (last page this line number only).....	30819.74

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"/> 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

MM / DD / YYYY
06 / 30 / 2017

FEC Identification Number

C

Transaction ID : D179853
Amount of Each Disbursement this Period

364.96

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

364.96

364.96

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 8724 SW 72ND ST

City MIAMI State FL Zip Code 33173

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00546846

Transaction ID : D179418

Amount of Each Disbursement this Period

1000.00

Memo Item

B. CMR POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C C00469429

Transaction ID : D179402

Amount of Each Disbursement this Period

5000.00

Memo Item

C. Continuing America's Strength & Security PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14331

City Baton Rouge State LA Zip Code 79898

Purpose of Disbursement
Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00480228

Transaction ID : D179407

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. DIANE PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2017

FEC Identification Number: C00499996

Transaction ID : D179789

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00528414

Transaction ID : D179850

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. DAKOTA PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3206

City Bismarck State ND Zip Code 58502

Purpose of Disbursement Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00493072

Transaction ID : D179380

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address PO BOX 1872

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
Contribution to a Leadership Campaign

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
06 / 20 / 2017

FEC Identification Number

C C00491043

Transaction ID : D179376

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lobo PAC

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Contribution to a Leadership Campaign

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
06 / 29 / 2017

FEC Identification Number

C C00497073

Transaction ID : D179791

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR CONGRESS

Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
State: OK District: 02

Disbursement For: 2018 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

FEC Identification Number

C C00498345

Transaction ID : D179413

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. NEXT CENTURY FUND

Full Name (Last, First, Middle Initial)

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to a Leadership Campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00343947
Transaction ID : D179379
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KINZINGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Kinzinger, Adam, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 16

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00458877
Transaction ID : D179378
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00445023
Transaction ID : D179386
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 231

M M M	/	D D D	/	Y Y Y Y Y
06		29		2017

City LUTHERVILLE State MD Zip Code 21094

FEC Identification Number

Purpose of Disbursement
Contribution to a Federal Campaign

C	C00376673
---	-----------

Candidate Name
Ruppersberger, C.A. Dutch, , Rep.,

Category/Type

Transaction ID : D179790

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 02

3000.00

Memo Item

B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 231

M M M	/	D D D	/	Y Y Y Y Y
06		21		2017

City LUTHERVILLE State MD Zip Code 21094

FEC Identification Number

Purpose of Disbursement
Contribution to a Federal Campaign

C	C00376673
---	-----------

Candidate Name
Ruppersberger, C.A. Dutch, , Rep.,

Category/Type

Transaction ID : D179408

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 02

2000.00

Memo Item

C. COLLINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 386

M M M	/	D D D	/	Y Y Y Y Y
06		21		2017

City CLARENCE State NY Zip Code 14031

FEC Identification Number

Purpose of Disbursement
Contribution to a Federal Campaign

C	C00520379
---	-----------

Candidate Name
Collins, Chris, , Rep.,

Category/Type

Transaction ID : D179385

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 27

1500.00

Memo Item

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

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

6500.00

--

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. DEVIN NUNES CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address PO BOX 6545		FEC Identification Number C C00370056 Transaction ID : D179409 Amount of Each Disbursement this Period 2500.00
City VISALIA	State CA	Zip Code 93290
Purpose of Disbursement Contribution to a Federal Campaign		Category/ Type
Candidate Name Nunes, Devin, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 22	

Full Name (Last, First, Middle Initial) B. DEVIN NUNES CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017
Mailing Address PO BOX 6545		FEC Identification Number C C00370056 Transaction ID : D179410 Amount of Each Disbursement this Period 2500.00
City VISALIA	State CA	Zip Code 93290
Purpose of Disbursement Contribution to a Federal Campaign		Category/ Type
Candidate Name Nunes, Devin, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 22	

Full Name (Last, First, Middle Initial) C. DIANE BLACK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017
Mailing Address PO BOX 1437		FEC Identification Number C C00472878 Transaction ID : D179411 Amount of Each Disbursement this Period 5000.00
City GALLATIN	State TN	Zip Code 37066
Purpose of Disbursement Contribution to a Federal Campaign		Category/ Type
Candidate Name Black, Diane, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 06	

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

10000.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Carter, Earl, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00543967

Transaction ID : D179391

Amount of Each Disbursement this Period

1500.00

Memo Item

B. FRIENDS OF ERIK PAULSEN

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Paulsen, Erik, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2017

FEC Identification Number

C C00439661

Transaction ID : D179419

Amount of Each Disbursement this Period

2500.00

Memo Item

C. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Bilirakis, Gus, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 12

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00408534

Transaction ID : D179389

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

5500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. VOLUNTEERS FOR SHIMKUS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Shimkus, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00258855

Transaction ID : D179388

Amount of Each Disbursement this Period

1500.00

Memo Item

B. JULIA BROWNLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00513077

Transaction ID : D179416

Amount of Each Disbursement this Period

2500.00

Memo Item

C. BUCSHON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Bucshon, Larry, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00468256

Transaction ID : D179384

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. LANCE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Lance, Leonard, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 07

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00444224
Transaction ID : D179387
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Simpson, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00331397
Transaction ID : D179406
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. NANCY PELOSI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Pelosi, Nancy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 12

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00213512
Transaction ID : D179383
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City
WHEATON

State
IL

Zip Code
60187

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Roskam, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	7		

FEC Identification Number

C C00410969

Transaction ID : D179412

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
CONCORD

State
NC

Zip Code
28027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Hudson, Richard, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	7		

FEC Identification Number

C C00504522

Transaction ID : D179392

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	7		

FEC Identification Number

C C00140715

Transaction ID : D179403

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. FRIENDS OF SUSAN BROOKS

Full Name (Last, First, Middle Initial)
Mailing Address 9425 N MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Brooks, Susan, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 05

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00500207
Transaction ID : D179390
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Ted Lieu for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 16633 VENTURA BLVD # 1008

City Torrance State CA Zip Code 91436

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Lieu, Ted, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 33

Date of Disbursement: 06 / 22 / 2017

FEC Identification Number: C00556506
Transaction ID : D179414
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Murphy, Tim, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 18

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00372201
Transaction ID : D179393
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

6000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. TOM RICE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 1107 48TH AVE., N.		FEC Identification Number C00506048 Transaction ID : D179405 Amount of Each Disbursement this Period 1000.00
City MYRTLE BEACH	State SC	Zip Code 29577
Purpose of Disbursement Contribution to a Federal Campaign		Category/Type
Candidate Name Rice, Tom, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 07	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. HELLER FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address PO BOX 371907		FEC Identification Number C00494229 Transaction ID : D179417 Amount of Each Disbursement this Period 2000.00
City LAS VEGAS	State NV	Zip Code 89137
Purpose of Disbursement Contribution to a Federal Campaign		Category/Type
Candidate Name Heller, Dean, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. HELLER FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address PO BOX 371907		FEC Identification Number C00494229 Transaction ID : D179382 Amount of Each Disbursement this Period 3000.00
City LAS VEGAS	State NV	Zip Code 89137
Purpose of Disbursement Contribution to a Federal Campaign		Category/Type
Candidate Name Heller, Dean, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District:	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. FRIENDS OF JOHN BARRASSO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Barrasso, John, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WY District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00436386

Transaction ID : D179381

Amount of Each Disbursement this Period

2500.00

Memo Item

B. HATCH ELECTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Hatch, Orrin, G., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: UT District: 00

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C C00104752

Transaction ID : D179375

Amount of Each Disbursement this Period

3000.00

Memo Item

C. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Baldwin, Tammy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WI District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00326801

Transaction ID : D179415

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. YoPAC

Mailing Address 3410 Alabama Ave

City
Alexandria

State
VA

Zip Code
22305-1736

Purpose of Disbursement
Contribution to a Leadership Campaign

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1							

FEC Identification Number

C C00497305

Transaction ID : D179404

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

95000.00