

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

Check if different than previously reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C C00343459

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

/ /

in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

/ /

in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2014"/> | | 980643.48 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 430786.68 | |
| (c) Total Receipts (from Line 19) | 54638.44 | 1002405.46 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 485425.12 | 1983048.94 |
| 7. Total Disbursements (from Line 31)..... | 119046.78 | 1616670.60 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 366378.34 | 366378.34 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Radiology Association PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 44875.46 | 869770.23 |
| (ii) Unitemized | 9762.98 | 118385.23 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 54638.44 | 988155.46 |
| (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) | 54638.44 | 988155.46 |
| 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 | 14250.00 |
| 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))..... ▶ | 54638.44 | 1002405.46 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 54638.44 | 1002405.46 |

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 | 1046.78 | 13226.32 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1046.78 | 13226.32 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 118000.00 | 813500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 789944.28 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 119046.78 | 1616670.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 119046.78 | 1616670.60 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 54638.44 | 988155.46 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 54638.44 | 988155.46 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1046.78 | 13226.32 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1046.78 | 13226.32 |

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

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

FOR LINE NUMBER: PAGE 6 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Essmaeel H Abdel-Dayem MD

Mailing Address 25 Thatcher St Apt 5

City State Zip Code
Brookline MA 02446-3532

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

Name of Employer Occupation
Self-employed Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : C2833036

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Neal David Abdullah

Mailing Address 3115 Forrester St

City State Zip Code
Bloomington IN 47401-2404

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

Name of Employer Occupation
SIRA 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
 09 / 26 / 2014
Transaction ID : C2833483

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Darshan J Acharya MD

Mailing Address 2200 12th Ct N Apt 600

City State Zip Code
Arlington VA 22201-6513

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

Name of Employer Occupation
Virginia Radiology Associates PC 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
 09 / 12 / 2014
Transaction ID : C2823430

Amount of Each Receipt this Period
50.00

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 7 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Harry Agress JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
09 / 04 / 2014
Transaction ID : C2832615

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
B. Harry Agress JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
09 / 18 / 2014
Transaction ID : C2833085

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
c. Arthur S Albert

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
09 / 04 / 2014
Transaction ID : C2832616

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.21

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 8 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Arthur S Albert

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 Hackensack Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : C2833086

Amount of Each Receipt this Period

| |
|-------|
| 23.07 |
|-------|

Full Name (Last, First, Middle Initial)
B. Gary Edwin Allen

Mailing Address 205 Sologne Ct

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72223-8915 |
|---------------------|-------------|------------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer Radiology Consultants | Occupation Diagnostic Radiologist |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : C2838466

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)
C. Michael J Alline

Mailing Address Jefferson Radiology Associates
1111 Medical Center Blvd Ste 108

| | | |
|-----------------|-------------|------------------------|
| City Marrero | State LA | Zip Code 70072-3192 |
|-----------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Jefferson Radiology Associates | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : C2826409

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 298.07 |
| 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 9 OF 103 |
| | (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 |

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

Full Name (Last, First, Middle Initial)
A. Mark David Alson

Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326

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

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
925.00

Date of Receipt
09 / 27 / 2014

Transaction ID : C2833742

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Rafael A Altieri

Mailing Address 15 Savoy St Apt D308

City State Zip Code
Boston MA 02118-2588

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

Name of Employer Occupation
South Shore Radiological Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
09 / 08 / 2014

Transaction ID : C2833037

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Thomas A Applewhite

Mailing Address 13074 Starbuck Rd

City State Zip Code
Saint Louis MO 63141-8544

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

Name of Employer Occupation
West County Radiological Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 05 / 2014

Transaction ID : C2832643

Amount of Each Receipt this Period
75.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| 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 10 OF 103 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Raymond Alton Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology of Huntsville
 2006 Franklin St SE Ste 200
 City Huntsville State AL Zip Code 35801-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Medical Ctr-Montclair Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : C2821869
 Amount of Each Receipt this Period
100.00

B. Sumanth Atluri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Knox Road
 City Villanova State PA Zip Code 19085-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of the Main Line Occupation Interventional Radiologist
 Receipt For: 2014 Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : C2831305
 Amount of Each Receipt this Period
250.00

c. John Gregory Baden
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Germay Ct
 City Little Rock State AR Zip Code 72223-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : C2838467
 Amount of Each Receipt this Period
250.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 11 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph Michael Barry MD
 Full Name (Last, First, Middle Initial)
 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 Commonwealth Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : C2828546
 Amount of Each Receipt this Period
 300.00

B. Howard Marshall Bear
 Full Name (Last, First, Middle Initial)
 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 San Diego Imaging Medical Group Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2014
Transaction ID : C2819679
 Amount of Each Receipt this Period
 50.00

C. Ericha R Benshoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 5827 Rivoli Drive
 City Macon State GA Zip Code 31210-1449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2826642
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 330.00
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 103 |
| | <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 | |

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

A. Stuart Bentley-Hibbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Chateau Ridge Dr
 City State Zip Code
 Greenwich CT 06831-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University Medical Center Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : C2833266
 Amount of Each Receipt this Period
 2500.00

B. Kenneth G Berkenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address Lancaster Radiology Associates
 PO Box 3555
 City State Zip Code
 Lancaster PA 17604-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lancaster Radiology Associates Radiation Oncologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : C2832596
 Amount of Each Receipt this Period
 84.00

C. Timothy Andrew Bernauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Pintail Pl
 City State Zip Code
 Appleton WI 54913-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiology Associates of Appleton Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2826410
 Amount of Each Receipt this Period
 210.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2794.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 13 OF 103 |
| | (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 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. James S Bezreh | | Date of Receipt |
| Mailing Address South Shore Hospital 55 Fogg Rd | | <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : C2833038 |
| South Weymouth | MA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="100.00"/> |
| 02190-2455 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| South Shore Hospital | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="800.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Damon Andrew Black MD | | Date of Receipt |
| Mailing Address 120 Broad St | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : C2828378 |
| Rome | GA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="500.00"/> |
| 30161-3020 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Medical Univ of South Carolina | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. James E Blackwell | | Date of Receipt |
| Mailing Address 5091 Crossbow Cir SW | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : C2838455 |
| Roanoke | VA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="250.00"/> |
| 24018-8611 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Radiology Assoc. of Roanoke | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="850.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 103 |
| | <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 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Adam Russell Bogomol | | Date of Receipt |
| Mailing Address 200 W 72nd St Apt 11K | | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| New York | NY | 10023-3267 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2832617 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="23.07"/> |
| Name of Employer | Occupation | |
| Hackensack Radiology Group | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.70"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Adam Russell Bogomol | | Date of Receipt |
| Mailing Address 200 W 72nd St Apt 11K | | <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| New York | NY | 10023-3267 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2833087 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="23.07"/> |
| Name of Employer | Occupation | |
| Hackensack Radiology Group | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.70"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John Christopher Bools | | Date of Receipt |
| Mailing Address Catawba Radiological Assoc 18 13th Ave NE | | <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Hickory | NC | 28601-3748 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2833052 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="150.00"/> |
| Name of Employer | Occupation | |
| Catawba Radiological Associates, Inc. | Diagnostic Radiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="450.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="196.14"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 15 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Hamilton Brannon

Mailing Address 114 Holland Trace Cir

City State Zip Code
Simpsonville SC 29681-5869

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

Name of Employer Occupation
Greenville Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : C2817033

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Thomas Andrew Brooks

Mailing Address 1930 Pickering Trl

City State Zip Code
Lancaster PA 17601-4972

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

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : C2832597

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Joseph Benjamin Broudy MD

Mailing Address 271 S Van Pelt St Apt B

City State Zip Code
Philadelphia PA 19103-4937

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

Name of Employer Occupation
Lourdes Imaging Associates Diagnostic and Interventional Radiolog

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2826408

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.42

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 16 OF 103 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Matthew E Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6941 Lehigh Ct
 City Allentown State PA Zip Code 18106-9540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging of Lehigh Valley Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : C2838528
 Amount of Each Receipt this Period **200.00**

B. Kenneth A Buckwalter
 Full Name (Last, First, Middle Initial)
 Mailing Address 8162 Round Hill Ct
 City Indianapolis State IN Zip Code 46260-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : C2838461
 Amount of Each Receipt this Period **250.00**

C. Joel A Budin
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Chestnut St
 City Englewood State NJ Zip Code 07631-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **269.17**

Date of Receipt **09 / 04 / 2014**
Transaction ID : C2832618
 Amount of Each Receipt this Period **9.61**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 459.61 |
| 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 17 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Joel A Budin

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : C2833088

Amount of Each Receipt this Period
 9.61

Full Name (Last, First, Middle Initial)
B. Joseph John Burch

Mailing Address 38 Huntington Rd SW

City Rome State GA Zip Code 30165-8554

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

Name of Employer Rome Radiology Group, P.A. Occupation 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
 09 / 19 / 2014

Transaction ID : C2828353

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Justin John Campbell MD

Mailing Address 55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2432

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : C2833039

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 609.61 |
| 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 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Michael I Chaliff

Mailing Address 195 Grogans Lake Point

City Atlanta State GA Zip Code 30350-3118

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

Name of Employer Diagnostic Imaging Specialists, P.A.. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 29 / 2014**

Transaction ID : C2834155

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. Mark Aaron Chambers MD

Mailing Address 1005 Des Peres Woods Ct

City Des Peres State MO Zip Code 63131-2055

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : C2832644

Amount of Each Receipt this Period **75.00**

Full Name (Last, First, Middle Initial)
c. Shelley K Charnoff

Mailing Address 192 Hinckley Rd

City Milton State MA Zip Code 02186-2853

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

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 08 / 2014**

Transaction ID : C2833040

Amount of Each Receipt this Period **75.00**

| | |
|--|---------------|
| 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: PAGE 19 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jugesh Inder Cheema

Mailing Address 2466 Oak Bend Pl

City State Zip Code
Newburgh IN 47630-8168

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

Name of Employer Occupation
Medical Center of Delaware Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014
Transaction ID : C2853177

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Anna Ming Chen

Mailing Address 70 Lanoche Ct

City State Zip Code
Williamsville NY 14221-1977

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

Name of Employer Occupation
Windsong Radiology Group 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
 09 / 26 / 2014
Transaction ID : C2853179

Amount of Each Receipt this Period
62.52

Full Name (Last, First, Middle Initial)
C. Raja Sekhar Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984

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

Name of Employer Occupation
Windsong Radiology Group Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
687.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : C2817038

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.02

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 103 |
| | <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 | |

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

A. Raja Sekhar Cheruvu
Full Name (Last, First, Middle Initial)

Mailing Address 165 Via Foresta Ln

| | | |
|-----------------------|-------------|------------------------|
| City Williamsville | State NY | Zip Code 14221-1984 |
|-----------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer Windsong Radiology Group | Occupation Radiologist |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 26 | / | 2014 |

Transaction ID : C2853180

Amount of Each Receipt this Period

| |
|-------|
| 62.52 |
|-------|

B. Regina Wong Chu
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ogle Rd

| | | |
|--------------------|-------------|------------------------|
| City Old Tappan | State NJ | Zip Code 07675-7028 |
|--------------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Hackensack Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.17**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 04 | / | 2014 |

Transaction ID : C2832619

Amount of Each Receipt this Period

| |
|------|
| 9.61 |
|------|

c. Regina Wong Chu
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ogle Rd

| | | |
|--------------------|-------------|------------------------|
| City Old Tappan | State NJ | Zip Code 07675-7028 |
|--------------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Hackensack Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.17**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : C2833089

Amount of Each Receipt this Period

| |
|------|
| 9.61 |
|------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 81.74 |
| 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 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. James P Coleman MD

Mailing Address 7357 Savannah Dr

City Marion State MS Zip Code 39342-9004

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

Name of Employer Self-Employed
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 27 / 2014

Transaction ID : C2833739

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Carol L Collings

Mailing Address 9584 Estes Rd

City Macon State GA Zip Code 31220-5611

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

Name of Employer Radiology associates of Macon, P.C.
Occupation Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : C2834599

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dennis E Perez Colon

Mailing Address 430 Dorado Beach East

City Dorado State PR Zip Code 00646-2122

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

Name of Employer Vesa Alta Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 16 / 2014

Transaction ID : C2825827

Amount of Each Receipt this Period
25.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 375.00 |
| 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 22 OF 103 |
| | <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 |

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

A. W Shawn Conwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 293 Piney Bluff Rd
 City Rembert State SC Zip Code 29128-9630
 Name of Employer Pitts Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 28 / 2014
Transaction ID : C2833814
 Amount of Each Receipt this Period 416.66

B. Glenn Clyde Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address Scottsdale Med Imaging Ltd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : C2853200
 Amount of Each Receipt this Period 150.00

C. Timothy Andrew Crummy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2509 Middleton Beach Rd
 City Madison State WI Zip Code 53562-2912
 Name of Employer Madison Radiologists Occupation Diagnostic Radiologist
 Receipt For: 2014 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.10

Date of Receipt 09 / 05 / 2014
Transaction ID : C2817994
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 597.08
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 23 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John S DeMeritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Baldwin Rd
 City State Zip Code
 Saddle River NJ 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2832620
 Amount of Each Receipt this Period
 23.07

B. John S DeMeritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Baldwin Rd
 City State Zip Code
 Saddle River NJ 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2833090
 Amount of Each Receipt this Period
 23.07

C. Elvin Lephiew Dennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 N Harrison St
 City State Zip Code
 Little Rock AR 72205-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Methodist Healthcare Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : C2838468
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 296.14
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 24 OF 103 |
| | <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 | |

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

A. Janet E Durick
Full Name (Last, First, Middle Initial)

Mailing Address 19 Rosemont Lane

City Pittsburgh State PA Zip Code 15217-3160

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

Name of Employer UPMC Occupation Chest Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2014

Transaction ID : C2823151

Amount of Each Receipt this Period 250.00

B. Matthew D Dyson MD
Full Name (Last, First, Middle Initial)

Mailing Address 406 6th St NW

City Hickory State NC Zip Code 28601-3502

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

Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 08 / 2014

Transaction ID : C2833053

Amount of Each Receipt this Period 150.00

C. Ahmed Bassem Elaini MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 54

City Andover State MA Zip Code 01810-0001

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2014

Transaction ID : C2833041

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Paul H Ellenbogen
Full Name (Last, First, Middle Initial)

Mailing Address 4240 Prescott Ave Apt 7E

City Dallas State TX Zip Code 75219-2392

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

Name of Employer Southwest Imaging & Interven specialis Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.06

Date of Receipt 09 / 16 / 2014
Transaction ID : C2825828

Amount of Each Receipt this Period 208.34

B. Margaret Y Emy
Full Name (Last, First, Middle Initial)

Mailing Address 245 Oxford Dr

City Tenafly State NJ Zip Code 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.17

Date of Receipt 09 / 04 / 2014
Transaction ID : C2832621

Amount of Each Receipt this Period 9.61

C. Margaret Y Emy
Full Name (Last, First, Middle Initial)

Mailing Address 245 Oxford Dr

City Tenafly State NJ Zip Code 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.17

Date of Receipt 09 / 18 / 2014
Transaction ID : C2833091

Amount of Each Receipt this Period 9.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.56

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 103 |
| | <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 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. X Cynthia Fan | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : C2853182 |
| Mailing Address Windsong Radiology 55 Spindrift Dr | | Amount of Each Receipt this Period 62.52 |
| City Williamsville | State NY | Zip Code 14221 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Windsong Radiology Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Stephen L Farris MD | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 Transaction ID : C2833054 |
| Mailing Address 3996 2nd Street Dr NW | | Amount of Each Receipt this Period 150.00 |
| City Hickory | State NC | Zip Code 28601-8092 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Catawba Radiology Associates | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Amanda Jane Ferrell | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : C2838469 |
| Mailing Address 1606 Blair St | | Amount of Each Receipt this Period 250.00 |
| City Little Rock | State AR | Zip Code 72207-5302 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Radiology Consultants of Little Rock | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 462.52 |
| 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 103 |
| | <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 |

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

A. George Joseph Ferrone
Full Name (Last, First, Middle Initial)

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832622

Amount of Each Receipt this Period **23.07**

B. George Joseph Ferrone
Full Name (Last, First, Middle Initial)

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2833092

Amount of Each Receipt this Period **23.07**

C. Kevin F Forte
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838470

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **296.14**

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 28 OF 103 |
| | <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 | |

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

A. Anthony M Foti
 Full Name (Last, First, Middle Initial)
 Mailing Address 6545 Belle Way
 City Amherst State NY Zip Code 14051-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : C2853183
 Amount of Each Receipt this Period
 62.52

B. Ethan Bradley Foxman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1047 N Main St
 City West Hartford State CT Zip Code 06117-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson Radiology Occupation Diagnostic Radiologist
 Receipt For: 2014 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
 09 / 26 / 2014
Transaction ID : C2832396
 Amount of Each Receipt this Period
 250.00

C. Nicholas Frankel
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9470
 City Hickory State NC Zip Code 28603-9470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba Radiological Associates, Inc. Occupation 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
 09 / 08 / 2014
Transaction ID : C2833055
 Amount of Each Receipt this Period
 150.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 462.52 |
| 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 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. Clinton J Fuller III

Mailing Address Radiology Consultants of Little Ro
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838471

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Yan Gao

Mailing Address 1521 Mirassou Ln

City Virginia Beach State VA Zip Code 23454-1373

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
09 / 30 / 2014
Transaction ID : C2839888

Amount of Each Receipt this Period
249.99

Full Name (Last, First, Middle Initial)
C. Morris L Gavant

Mailing Address 3206 Fallstaff Rd

City Baltimore State MD Zip Code 21215-1721

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

Name of Employer Advanced Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 11 / 2014
Transaction ID : C2823104

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **524.99**

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 30 OF 103 |
| | <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 | |

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

A. Daniel T Gober MD
Full Name (Last, First, Middle Initial)

Mailing Address 15 Breckenridge Rd SE

City Rome State GA Zip Code 30161-3919

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

Name of Employer Rome Radiology Group Occupation 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
 09 / 19 / 2014

Transaction ID : C2828427

Amount of Each Receipt this Period
500.00

B. Whitney J Goodwin MD
Full Name (Last, First, Middle Initial)

Mailing Address 22 Tallyho Ln

City Little Rock State AR Zip Code 72227-2416

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2838472

Amount of Each Receipt this Period
250.00

C. Robert L Gore
Full Name (Last, First, Middle Initial)

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 South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : C2833042

Amount of Each Receipt this Period
100.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 31 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lauren Thomson Granata MD

Mailing Address 1317 Five Point Rd

City State Zip Code
 Virginia Beach VA 23454-1930

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

Name of Employer Occupation
 Medical Center Radiologists Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : C2839889

Amount of Each Receipt this Period
 252.00

Full Name (Last, First, Middle Initial)
B. Edward Douglas Green MD

Mailing Address 106 Windsong Cv

City State Zip Code
 Ridgeland MS 39157-8736

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

Name of Employer Occupation
 University of Mississippi Medical Cent Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1890.00

Date of Receipt
 09 / 01 / 2014
Transaction ID : C2816984

Amount of Each Receipt this Period
 210.00

Full Name (Last, First, Middle Initial)
c. Charles K Grimes

Mailing Address 2 Park Circle

City State Zip Code
 Cape Elizabeth ME 04107-9682

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

Name of Employer Occupation
 Spectrum Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 08 / 2014
Transaction ID : C2819907

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 512.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. David K Haas

Mailing Address 2110 Homeview Ct

City Las Vegas State NV Zip Code 89117

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

Name of Employer SDMI Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : C2819898

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Labib Fouad Haddad

Mailing Address 4 Ramsgate Dr

City Olivette State MO Zip Code 63132-4116

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

Name of Employer West County Radiological Group Occupation 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
09 / 05 / 2014

Transaction ID : C2832645

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. Gene Han MD

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.77**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : C2832623

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... **173.07**

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 33 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gene Han MD
 Mailing Address 24 Briarcliff Rd
 City State Zip Code
 Tenafly NJ 07670-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 403.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2833093
 Amount of Each Receipt this Period
 23.07

Full Name (Last, First, Middle Initial)
B. Steven D Harlan
 Mailing Address CRA
 18 13th Ave NE, Box 308
 City State Zip Code
 Hickory NC 28601-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Catawba Radiological Associates, Inc. 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
 09 / 08 / 2014
Transaction ID : C2833056
 Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
C. Keith William Harper
 Mailing Address 602 46th Ave Dr NE
 City State Zip Code
 Hickory NC 28601-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Catawba Radiological Associates 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
 09 / 08 / 2014
Transaction ID : C2833057
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 323.07
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 103 |
| | <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 | |

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

A. David K Harry
Full Name (Last, First, Middle Initial)

Mailing Address 136 Highview Rd

City Stephenson State VA Zip Code 22656-2105

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

Name of Employer Winchester Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : C2823431

Amount of Each Receipt this Period **1250.00**

B. Scott B Harter
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838473

Amount of Each Receipt this Period **625.00**

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

Mailing Address 130 Woodlawn Ave

City Decatur State GA Zip Code 30030-2309

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

Name of Employer Emory University Occupation Pediatric Interventional Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt **09 / 25 / 2014**

Transaction ID : C2831910

Amount of Each Receipt this Period **210.00**

SUBTOTAL of Receipts This Page (optional)..... **2085.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. David Alan Hays

Mailing Address 18 Farnham Loop

City Little Rock State AR Zip Code 72223-9199

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838474

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. D Cressler Heasley JR

Mailing Address 4045 Stanford Ave

City Dallas State TX Zip Code 75225-7006

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

Name of Employer Texas Neuroradiology, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838458

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Richard Kenneth Held MD

Mailing Address 39144 Harbor Hills Blvd

City Lady Lake State FL Zip Code 32159-5931

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 27 / 2014**

Transaction ID : C2833758

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. William T Henry SR

Mailing Address Radiology Consultants of Little Ro
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants - Little Rock, A Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838476

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. William Taylor Henry MD

Mailing Address 9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838475

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Rayda N Hernandez-Guash

Mailing Address 89 AVE DE DIEGO STE 105
PMB 525

City San Juan State PR Zip Code 00927-6370

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

Name of Employer University of Puerto Rico Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 11 / 2014
Transaction ID : C2823105

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 37 OF 103 |
| | <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 | |

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

A. Beverly L Hershey
Full Name (Last, First, Middle Initial)

Mailing Address 66 Brookmend Road

City Wayne State PA Zip Code 19087

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

Name of Employer Temple University Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2014

Transaction ID : **C2823126**

Amount of Each Receipt this Period 250.00

B. Lee Eric Hoagland MD
Full Name (Last, First, Middle Initial)

Mailing Address 5922 Cypress Pointe Dr

City Newburgh State IN Zip Code 47630-9844

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

Name of Employer Evansville Radiology, PC Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 06 / 2014

Transaction ID : **C2818701**

Amount of Each Receipt this Period 85.00

C. Paul Holcombe
Full Name (Last, First, Middle Initial)

Mailing Address 901 N Broad St Ste 220

City Rome State GA Zip Code 30161

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

Name of Employer Rome Radiology Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2014

Transaction ID : **C2828429**

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 835.00

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 103 |
| | <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 |

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

A. Adrian W Holtzman MD
Full Name (Last, First, Middle Initial)

Mailing Address 945 18th Avenue Ct NW

City Hickory State NC Zip Code 28601-1268

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

Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 08 / 2014
Transaction ID : C2833058

Amount of Each Receipt this Period 150.00

B. Markus Kurt Holzhauser
Full Name (Last, First, Middle Initial)

Mailing Address 5967 Corinne Ln

City Clarence Center State NY Zip Code 14032-9527

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

Name of Employer Global Versa Radiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2014
Transaction ID : C2853184

Amount of Each Receipt this Period 62.52

C. William W Horsley
Full Name (Last, First, Middle Initial)

Mailing Address Scottsdale Medical 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 Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : C2853201

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 362.52

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 39 OF 103 |
| | (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 |

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Joe Maxwell Hulsey | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 |
| Mailing Address Rome Radiology Group 901 Broad St Ste 220 | | Transaction ID : C2828356 |
| City Rome | State GA | Zip Code 30161-5207 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Rome Radiology Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Elizabeth Ann Ignacio | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 |
| Mailing Address 71 Kamaiki Cir | | Transaction ID : C2825046 |
| City Kahului | State HI | Zip Code 96732-3153 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer George Washington Med Center | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Michael Todd Jacobs | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 |
| Mailing Address 3818 11th Street PI NE | | Transaction ID : C2833059 |
| City Hickory | State NC | Zip Code 28601-8420 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Catawba Radiological Associates, Inc. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 103 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Cindy Janesky

Mailing Address **Lancaster Radiology Associates**
PO Box 3555

City **Lancaster** State **PA** Zip Code **17604-3555**

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

Name of Employer **Lancaster Radiology Associates** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 03 / 2014**

Transaction ID : C2832602

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
B. Eric Von Johnson MD

Mailing Address **4451 3rd Street Ln NW**

City **Hickory** State **NC** Zip Code **28601-9022**

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

Name of Employer **Catawba Radiology** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 08 / 2014**

Transaction ID : C2833060

Amount of Each Receipt this Period **150.00**

Full Name (Last, First, Middle Initial)
C. Peter Anthony S Johnstone

Mailing Address **8926 Waterside Cir**

City **Indianapolis** State **IN** Zip Code **46278-1158**

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

Name of Employer **Radiation Oncology Division** Occupation **Radiation Oncologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 22 / 2014**

Transaction ID : C2828644

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. William Falkes Jones

Mailing Address 9477 E Shangri LA Rd

City State Zip Code
Scottsdale AZ 85260-6143

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

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2853202

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Cathrine E Keller

Mailing Address 30049 Johnsons Point Rd

City State Zip Code
Leesburg FL 34748-9214

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

Name of Employer Occupation
Radiology Associates of Central Florid Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 24 / 2014
Transaction ID : C2831854

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Russell A Kelley

Mailing Address PO Box 585

City State Zip Code
Norwell MA 02061-0585

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

Name of Employer Occupation
South Shore Radiology Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
09 / 08 / 2014
Transaction ID : C2833043

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 103 |
| | <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 | |

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

A. William Jay Kim MD
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.70**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832624

Amount of Each Receipt this Period **23.07**

B. William Jay Kim MD
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.70**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2833094

Amount of Each Receipt this Period **23.07**

C. Michael T King
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838477

Amount of Each Receipt this Period **250.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 296.14 |
| 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 43 OF 103 |
| | <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 | |

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

A. Paul M Kiproff
Full Name (Last, First, Middle Initial)

Mailing Address 320 E North Avenue

City State Zip Code
Pitts PA 15212

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

Name of Employer Occupation
Allegheny Radiology Associates 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
09 / 09 / 2014

Transaction ID : C2821939

Amount of Each Receipt this Period
500.00

B. Amy Briana Kirby MD
Full Name (Last, First, Middle Initial)

Mailing Address 14708 Hollyhock Dr

City State Zip Code
Oklahoma City OK 73142-1804

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

Name of Employer Occupation
Eagle Eye Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : C2817035

Amount of Each Receipt this Period
85.00

C. Michael Kirk Kizziah MD
Full Name (Last, First, Middle Initial)

Mailing Address 29 Bridgeview Dr SE

City State Zip Code
Rome GA 30161-8472

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

Name of Employer Occupation
Medical University of South Carolina 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
09 / 19 / 2014

Transaction ID : C2828428

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1085.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 44 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. David Clifton Kolb

Mailing Address 25 Talais Dr

City Little Rock State AR Zip Code 72223-9129

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2838478

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Jeffrey Paul Kramer

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 Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : C2832604

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Mark D Kuo

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 Scottsdale Medical Imaging Occupation 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
09 / 30 / 2014

Transaction ID : C2853204

Amount of Each Receipt this Period
150.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 103 |
| | <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 |

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

A. David C Kushner
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Canal Rd

City Virginia Beach State VA Zip Code 23451-1615

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2839891

Amount of Each Receipt this Period **250.02**

B. Patrick F Lahr
Full Name (Last, First, Middle Initial)

Mailing Address 81 Corrina Ln

City Salem State CT Zip Code 06420-4113

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

Name of Employer Windsong Radiology Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : C2853185

Amount of Each Receipt this Period **62.52**

C. Jiyon Lee
Full Name (Last, First, Middle Initial)

Mailing Address 17 Hamilton Rd

City Scarsdale State NY Zip Code 10583-6441

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

Name of Employer NYU School of Medicine, Radiology Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : C2826179

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **812.54**

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 103 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)
A. Mark H LeQuire

Mailing Address 2055 Myrtlewood Dr

| | | |
|--------------------|-------------|------------------------|
| City Montgomery | State AL | Zip Code 36111-1003 |
|--------------------|-------------|------------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer Montgomery Radiology Associates | Occupation Diagnostic Radiologist |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : C2817765

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Paul Albert Leslie

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 Lancaster Radiology Associates | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : C2832605

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Eve Hung Li MD

Mailing Address 100 S Elmwood Ave Apt 403

| | | |
|-----------------|-------------|------------------------|
| City Buffalo | State NY | Zip Code 14202-2436 |
|-----------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Windsong Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : C2853186

Amount of Each Receipt this Period
62.52

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 412.52 |
| 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 103 |
| | <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 | |

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

A. Yi Liu
Full Name (Last, First, Middle Initial)

Mailing Address 39842 Darlington Ave

City Lady Lake State FL Zip Code 32159-3352

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

Name of Employer Lake Medical Imaging & Vascular Instit Occupation Diagnostic Radiologist

Receipt For: 2014
 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
 09 / 26 / 2014

Transaction ID : C2833623

Amount of Each Receipt this Period
 500.00

B. John H Lohnes JR
Full Name (Last, First, Middle Initial)

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 Wichita Radiological Group PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014

Transaction ID : C2817036

Amount of Each Receipt this Period
 250.00

C. H Esterbrook Longmaid III
Full Name (Last, First, Middle Initial)

Mailing Address 52 Harwich Rd

City Chestnut Hill State MA Zip Code 02467-3023

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

Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : C2827519

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.67

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 48 OF 103 |
| <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 |

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

A. Key Denise Spong Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 5991 South High Court
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Imaging Association Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1881.00**

Date of Receipt **09 / 20 / 2014**
Transaction ID : C2828540
 Amount of Each Receipt this Period **209.00**

B. Jennifer Lyn Lynch
 Full Name (Last, First, Middle Initial)
 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 South Shore Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : C2833044
 Amount of Each Receipt this Period **100.00**

C. John L Mahoney
 Full Name (Last, First, Middle Initial)
 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 South Shore Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : C2833045
 Amount of Each Receipt this Period **100.00**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.00 |
| 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 49 OF 103 |
| | <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 | |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Michael Howard Maiman | | Date of Receipt MM / DD / YYYY 09 / 08 / 2014 Transaction ID : C2821808 |
| Mailing Address Affiliates in Imaging 411 30th St Ste 508 | | Amount of Each Receipt this Period 250.00 |
| City Oakland | State CA | Zip Code 94609-3303 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Affiliates in Imaging | Occupation Diagnostic Radiologist | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Hiten Maganlal Malde | | Date of Receipt MM / DD / YYYY 09 / 04 / 2014 Transaction ID : C2832625 |
| Mailing Address 7 Kinkaid Ave | | Amount of Each Receipt this Period 23.07 |
| City Closter | State NJ | Zip Code 07624-2908 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hackensack Radiology Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.70 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Hiten Maganlal Malde | | Date of Receipt MM / DD / YYYY 09 / 18 / 2014 Transaction ID : C2833095 |
| Mailing Address 7 Kinkaid Ave | | Amount of Each Receipt this Period 23.07 |
| City Closter | State NJ | Zip Code 07624-2908 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hackensack Radiology Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.70 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 296.14 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 50 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ronald Jay Martin

Mailing Address 110 Buckland Pl

City Little Rock State AR Zip Code 72223-4567

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : C2838479

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Zachary B Martin JR

Mailing Address PO Box 369

City Rome State GA Zip Code 30162

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

Name of Employer Rome Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 19 / 2014

Transaction ID : C2828354

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Alan D Massengill

Mailing Address Catawba Radiological Assoc
 PO Box 308

City Hickory State NC Zip Code 28603-0308

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

Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 08 / 2014

Transaction ID : C2833061

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 51 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Terence A S Matalon

Mailing Address 5501 Old York Road

City Philadelphia State PA Zip Code 19141-3098

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

Name of Employer Einstein Healthcare Networks Occupation 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
 09 / 29 / 2014
Transaction ID : C2834398

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 Overhill Rd SE

City Rome State GA Zip Code 30161-6282

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

Name of Employer Medical College of Georgia Occupation 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
 09 / 19 / 2014
Transaction ID : C2828424

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Geraldine B McGinty

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 Montefiore Imaging Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : C2828541

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 52 OF 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. Manuel Medina

Mailing Address **Advanced MRI & CT Institute**
PO Box 1498

City **Vega Baja** State **PR** Zip Code **00694-1498**

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

Name of Employer **Southwestern Radiology Services, PSC** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 08 | | 2014 |

Transaction ID : C2819895

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

Full Name (Last, First, Middle Initial)
B. Eric M Meredith MD

Mailing Address **3636 8th Street PI NW**

City **Hickory** State **NC** Zip Code **28601-8086**

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

Name of Employer **Catawba Radiological Associates** Occupation **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 |
| 09 | | 08 | | 2014 |

Transaction ID : C2833062

Amount of Each Receipt this Period

| |
|--------|
| 150.00 |
|--------|

Full Name (Last, First, Middle Initial)
C. Patricia J Mergo

Mailing Address **Mayo Clinic**
4500 San Pablo Rd

City **Jacksonville** State **FL** Zip Code **32224-1865**

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

Name of Employer **Univ of Florida Box 100374** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2014 |

Transaction ID : C2818696

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 260.00 |
| 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 53 OF 103 |
| | <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 | |

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

A. Mitchell Alan Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Court
#1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.70**

Date of Receipt
09 / 04 / 2014

Transaction ID : C2832627

Amount of Each Receipt this Period
23.07

B. Mitchell Alan Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Court
#1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.70**

Date of Receipt
09 / 18 / 2014

Transaction ID : C2833097

Amount of Each Receipt this Period
23.07

C. Steven L Miller
Full Name (Last, First, Middle Initial)

Mailing Address 23 Moffat Rd

City Waban State MA Zip Code 02468-1112

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

Name of Employer Newton Wellesley Hosp Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
09 / 06 / 2014

Transaction ID : C2818697

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **296.14**

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 54 OF 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. Michael Jason Milstein

Mailing Address 3335 Brookview Dr

City Eugene State OR Zip Code 97401-1595

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

Name of Employer Oregon Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2838459

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Slobodan Miseljc

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 South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : C2833046

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Ellen B Morris

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 South Shore Hospital Occupation Diagnostic 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
 09 / 08 / 2014

Transaction ID : C2833047

Amount of Each Receipt this Period
 75.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1175.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 55 OF 103 |
| | (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 |

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

A. Demetrius Konstantine Morros
 Full Name (Last, First, Middle Initial)
 Mailing Address 7418 Ridgcrest Court Rd
 City Birmingham State AL Zip Code 35242-0525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : C2817993
 Amount of Each Receipt this Period
 83.34

B. James W Moseley
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 River Pine Dr SW
 City Rome State GA Zip Code 30165-8562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rome Radiology Group Occupation 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
 09 / 19 / 2014
Transaction ID : C2828310
 Amount of Each Receipt this Period
 500.00

c. Joseph S Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Hickory Hills Cir
 City Little Rock State AR Zip Code 72212-2766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : C2838480
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 833.34 |
| 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: PAGE 56 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mohit Madan Naik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 W End Ave Apt 18C
 City State Zip Code
 New York NY 10024-5785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2832628
 Amount of Each Receipt this Period
 23.07

B. Mohit Madan Naik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 W End Ave Apt 18C
 City State Zip Code
 New York NY 10024-5785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2833098
 Amount of Each Receipt this Period
 23.07

C. Leverett Chase Neville MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 River Pine Dr SW
 City State Zip Code
 Rome GA 30165-8563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed 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
 09 / 19 / 2014
Transaction ID : C2828426
 Amount of Each Receipt this Period
 500.00

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: | PAGE 57 OF 103 |
| | (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 |

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

Full Name (Last, First, Middle Initial)
A. James Allan Newcomb

Mailing Address 1425 Princeton Ct

City Allentown State PA Zip Code 18104-2247

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

Name of Employer Medical Imaging of Lehigh Valley Occupation Interventional Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 29 / 2014**

Transaction ID : C2834396

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Gregory Neal Nicola

Mailing Address 80 Riverside Blvd Apt 14P

City New York State NY Zip Code 10069

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **403.77**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832629

Amount of Each Receipt this Period **23.07**

Full Name (Last, First, Middle Initial)
C. Gregory Neal Nicola

Mailing Address 80 Riverside Blvd Apt 14P

City New York State NY Zip Code 10069

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **403.77**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2833099

Amount of Each Receipt this Period **23.07**

| | |
|--|---------------|
| 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 58 OF 103 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)
A. Steven R Nokes

Mailing Address **Radiology Consultants of Little Ro**
9601 Baptist Health Dr Ste 1100

City **Little Rock** State **AR** Zip Code **72205-6333**

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

Name of Employer **Radiology Consultants of Little Rock** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2838481

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Kevin M O'Brien

Mailing Address **St Johns Macomb Hospital**
11800 E 12 Mile Rd

City **Warren** State **MI** Zip Code **48093-3494**

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

Name of Employer **Diagnostic Radiology Consultants, PC** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : C2831393

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
c. Reginald D Osbon

Mailing Address **149 Weatherby Dr**

City **Macon** State **GA** Zip Code **31210-8233**

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

Name of Employer **Radiology Associates of Macon** Occupation **Diagnostic Radiologist**

Receipt For: 2014
 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
09 / 02 / 2014

Transaction ID : C2817380

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **542.00**

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 59 OF 103 |
| | <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 |

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

A. Andrew W Osiason
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832631

Amount of Each Receipt this Period **23.07**

B. Andrew W Osiason
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2833101

Amount of Each Receipt this Period **23.07**

C. David Panush
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832632

Amount of Each Receipt this Period **23.07**

SUBTOTAL of Receipts This Page (optional)..... **69.21**

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: PAGE 60 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. David Panush

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2833102

Amount of Each Receipt this Period
 23.07

Full Name (Last, First, Middle Initial)
B. Salil P Parikh

Mailing Address 9477 Johnson Rd Ext

City State Zip Code
Germantown TN 38139-3603

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

Name of Employer Occupation
Radiology Assoc of Ocala 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
 09 / 20 / 2014
Transaction ID : C2828542

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dhiren Y Patel MD

Mailing Address 1041 Bluestone Dr

City State Zip Code
Lititz PA 17543-6900

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

Name of Employer Occupation
Lancaster Radiology Associates, Ltd. 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
 09 / 03 / 2014
Transaction ID : C2832606

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 323.07

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 103 |
| | <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 |

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

A. Divyesh Gaju Patel MD
Full Name (Last, First, Middle Initial)
Mailing Address 1143 Treadway Rd

| | | |
|-----------------|-------------|------------------------|
| City Munster | State IN | Zip Code 46321-2856 |
|-----------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Radiologic Associates of Northwest Ind | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 20 | / | 2014 |

Transaction ID : C2828543

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

B. Rita S Patel
Full Name (Last, First, Middle Initial)
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 Hackensack Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 04 | / | 2014 |

Transaction ID : C2832634

Amount of Each Receipt this Period

| |
|-------|
| 23.07 |
|-------|

C. Rita S Patel
Full Name (Last, First, Middle Initial)
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 Hackensack Radiology Group | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : C2833104

Amount of Each Receipt this Period

| |
|-------|
| 23.07 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 146.14 |
| 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 62 OF 103 |
| | <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 |

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

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

Mailing Address 141 Beaumont Ct

City State Zip Code
Wilmington NC 28412-8267

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

Name of Employer Occupation
Delaney Radiologists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2834641

Amount of Each Receipt this Period
500.00

B. W Dale Perrymore
Full Name (Last, First, Middle Initial)

Mailing Address 6 Courts Dr

City State Zip Code
Little Rock AR 72223-9021

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

Name of Employer Occupation
Radiology Consultants of Little Rock Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838482

Amount of Each Receipt this Period
250.00

C. Mary Kay Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 15401 Sweetwater Ct

City State Zip Code
Fort Myers FL 33912-2353

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

Name of Employer Occupation
Radiology Regional Center Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838464

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 63 OF 103 |
| | (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 |

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

A. Kevin Daniel Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Etta Ln SW
 City Rome State GA Zip Code 30165-8536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 09 / 19 / 2014
Transaction ID : C2828425
 Amount of Each Receipt this Period
 500.00

B. Sean Donovan Pierce
 Full Name (Last, First, Middle Initial)
 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 Hackensack Radiology Group
 Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2832635
 Amount of Each Receipt this Period
 30.00

C. Sean Donovan Pierce
 Full Name (Last, First, Middle Initial)
 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 Hackensack Radiology Group
 Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : C2833105
 Amount of Each Receipt this Period
 30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 560.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 64 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. William Bradley Pierce | | Date of Receipt |
| Mailing Address 3 Windsor Ct | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City Little Rock State AR Zip Code 72212-3214 | | Transaction ID : C2838483 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="750.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Thomas Bernard Poulton | | Date of Receipt |
| Mailing Address Aultman Hospital 2600 6th St SW | | <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City Canton State OH Zip Code 44710-1799 | | Transaction ID : C2828645 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Aultman Hospital Occupation Diagnostic Radiologist | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="750.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ori Preis MD | | Date of Receipt |
| Mailing Address 60 Charlotte Rd | | <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Newton State MA Zip Code 02459-1708 | | Transaction ID : C2833048 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer South Shore Hospital Occupation Diagnostic Radiologist | | <input type="text" value="100.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="800.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="600.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Steven W Pruet

Mailing Address 6 Ridgewood Rd SW

City State Zip Code
Rome GA 30165-4214

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2014

Transaction ID : C2828355

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Derk D Purcell MD

Mailing Address 362 Eldridge Ave

City State Zip Code
Mill Valley CA 94941-4556

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

Name of Employer Occupation
University of California San Francisco Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2014

Transaction ID : C2822070

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
c. Mohammed Fareed Uddin Quraishi MD

Mailing Address 534 13th Ave W

City State Zip Code
Kirkland WA 98033-4831

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

Name of Employer Occupation
Radia, Inc. Interventional Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2014

Transaction ID : C2823106

Amount of Each Receipt this Period
50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 565.00 |
| 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 66 OF 103 |
| | <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 | |

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

A. Joel I Rakow
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 04 / 2014**

Transaction ID : C2832636

Amount of Each Receipt this Period **23.07**

B. Joel I Rakow
Full Name (Last, First, Middle Initial)

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.70**

Date of Receipt **09 / 18 / 2014**

Transaction ID : C2833106

Amount of Each Receipt this Period **23.07**

C. Vikram A Rao MD
Full Name (Last, First, Middle Initial)

Mailing Address 14348 Manderleigh Woods Dr

City Town and Country State MO Zip Code 63017-8056

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : C2832646

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **88.14**

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: PAGE 67 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Eric C Rautiola

Mailing Address PO Box 308

City State Zip Code
Hickory NC 28603-0308

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

Name of Employer Occupation
Catawba Radiological Associates, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : C2833063

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. James Vincent Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City State Zip Code
Augusta GA 30912-0006

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

Name of Employer Occupation
Medical College of Georgia Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2014

Transaction ID : C2818698

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Robert A Rhodes III

Mailing Address 1041 Maple Ct

City State Zip Code
Athens GA 30606-5746

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

Name of Employer Occupation
Athens Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 07 / 2014

Transaction ID : C2819680

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **358.34**

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Harry Rinker

Mailing Address 58 Montclair Dr NE

City Atlanta State GA Zip Code 30309

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

Name of Employer NMRA Occupation 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
09 / 26 / 2014

Transaction ID : C2833591

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Kenneth Vance Robbins

Mailing Address Radiology Consultants
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock+ Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2838484

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Russell Lynn Roberts MD

Mailing Address 157 Nelson Blvd NW

City Rome State GA Zip Code 30165-2560

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

Name of Employer Univ of Arkansas for Medical Sci Occupation 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
09 / 19 / 2014

Transaction ID : C2828377

Amount of Each Receipt this Period
500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. Martin Jay Robinson

Mailing Address 1515 Wetherborne Dr

City Little Rock State AR Zip Code 72211-6125

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : C2838485

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. John M Rogers

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 Greenville Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : C2823107

Amount of Each Receipt this Period **42.00**

Full Name (Last, First, Middle Initial)
C. Toni C Roth

Mailing Address 7849 Stanford Ave

City Saint Louis State MO Zip Code 63130-3611

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

Name of Employer Central Illinois Neurosciences Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : C2832647

Amount of Each Receipt this Period **50.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 342.00 |
| 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 70 OF 103 |
| | <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 |

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

Full Name (Last, First, Middle Initial)
A. Stuart J Rubin

Mailing Address 8176 Driftwood Ct

City State Zip Code
Williamsville NY 14221-8501

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

Name of Employer Occupation
Windsong Radiology Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 26 / 2014
Transaction ID : C2853189

Amount of Each Receipt this Period
62.52

Full Name (Last, First, Middle Initial)
B. Edna M Ruiz

Mailing Address Romany Park C-4 3rd St

City State Zip Code
San Juan PR 00926

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

Name of Employer Occupation
VA Hospital Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 27 / 2014
Transaction ID : C2833744

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Arthur D Sandy

Mailing Address 2136 Peacock Lane

City State Zip Code
Birmingham AL 35223-1708

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

Name of Employer Occupation
Advanced Imaging Assoc of AL Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 27 / 2014
Transaction ID : C2833740

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.52

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 71 OF 103 |
| | (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 |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Leah Eowyn Schafer MD | | Date of Receipt MM / DD / YYYY 09 / 29 / 2014 Transaction ID : C2834405 |
| Mailing Address 10 Charlesden Park | | Amount of Each Receipt this Period 500.00 |
| City Newton | State MA | Zip Code 02460-2228 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Newton Wellesley Radiology Associates | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Charles D Scheil | | Date of Receipt MM / DD / YYYY 09 / 08 / 2014 Transaction ID : C2833064 |
| Mailing Address 281 44th Avenue Cir NW | | Amount of Each Receipt this Period 150.00 |
| City Hickory | State NC | Zip Code 28601-9016 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Catawba Radiological Associates, Inc. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ali R Sepahdari MD | | Date of Receipt MM / DD / YYYY 09 / 28 / 2014 Transaction ID : C2833813 |
| Mailing Address 11826 Dorothy St Apt 301 | | Amount of Each Receipt this Period 100.00 |
| City Los Angeles | State CA | Zip Code 90049-5384 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UCLA | Occupation Diagnostic Radiologist | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 72 OF 103 |
| | <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 | |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Anton Serafini | | Date of Receipt MM / DD / YYYY 09 / 29 / 2014 Transaction ID : C2834165 |
| Mailing Address 173 Harston Ct | | Amount of Each Receipt this Period 500.00 |
| City Lake Mary | State FL | Zip Code 32746-6973 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Radiology Associates of Central Florid | Occupation Diagnostic Radiologist | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Leigh S Shuman | | Date of Receipt MM / DD / YYYY 09 / 03 / 2014 Transaction ID : C2832608 |
| Mailing Address 1182 Oakmont Dr | | Amount of Each Receipt this Period 50.00 |
| City Lancaster | State PA | Zip Code 17601-5079 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Lancaster Radiology Associates | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lonnie D Simmons | | Date of Receipt MM / DD / YYYY 09 / 20 / 2014 Transaction ID : C2828545 |
| Mailing Address 5222 Brackenwood Ct | | Amount of Each Receipt this Period 83.34 |
| City La Crosse | State WI | Zip Code 54601 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Gundersen Lutheran Clinic | Occupation Diagnostic Radiologist | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.06 | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 633.34 |
| 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: | PAGE 73 OF 103 |
| | (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 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Teresa J Small | | Date of Receipt |
| Mailing Address 10540 Stoneway | | <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City State Zip Code Clarence NY 14031-2100 | | Transaction ID : C2853191 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="62.52"/> |
| Name of Employer Windsong Radiology Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kevin L Smith | | Date of Receipt |
| Mailing Address Regional Diagnostic Radiology 1990 Connecticut Ave S Ste 100 | | <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2014"/> |
| City State Zip Code Sartell MN 56377-2554 | | Transaction ID : C2828544 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="208.34"/> |
| Name of Employer Regional Diagnostic Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1875.06"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Todd Mikel Smith | | Date of Receipt |
| Mailing Address 18 Masters Cir | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City State Zip Code Little Rock AR 72212-3304 | | Transaction ID : C2838487 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Name of Employer Radiology Consultants of Little Rock | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | |

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| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="520.86"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 103 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Eric L Snitzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5013 Rockhaven Dr
 City Clarence State NY Zip Code 14031-2436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsong Radiology Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : C2853192
 Amount of Each Receipt this Period **62.52**

B. Thomas E St Amour
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 9601 Baptist Health Dr Ste 1100
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : C2838486
 Amount of Each Receipt this Period **250.00**

C. Gail E Starr
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack Univ Med Ctr
 20 Prospect Ave Ste 513
 City Hackensack State NJ Zip Code 07601-1962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **269.17**

Date of Receipt **09 / 04 / 2014**
Transaction ID : C2832638
 Amount of Each Receipt this Period **9.61**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 322.13 |
| 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 103 |
| | <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 |

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

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Gail E Starr | | Date of Receipt 09 / 18 / 2014 Transaction ID : C2833108 |
| Mailing Address Hackensack Univ Med Ctr 20 Prospect Ave Ste 513 | | Amount of Each Receipt this Period 9.61 |
| City Hackensack | State NJ Zip Code 07601-1962 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 269.17 |
| Name of Employer Hackensack Radiology Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Allan M Stephenson | | Date of Receipt 09 / 19 / 2014 Transaction ID : C2828366 |
| Mailing Address 26 Shoals Ferry Rd SE | | Amount of Each Receipt this Period 500.00 |
| City Rome | State GA Zip Code 30161-9003 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Lanier Park Hospital | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Alan Howard Stolpen | | Date of Receipt 09 / 27 / 2014 Transaction ID : C2833741 |
| Mailing Address Univ of Iowa Hosp and Clinics 200 Hawkins Dr | | Amount of Each Receipt this Period 500.00 |
| City Iowa City | State IA Zip Code 52242-1009 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 1000.00 |
| Name of Employer Univ of Iowa Hosp and Clinics | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1009.61 |
| 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 76 OF 103 |
| | (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 |

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

A. James Palmer Strain
Full Name (Last, First, Middle Initial)

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 New England Medical Center | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : C2833049

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

B. Robert Lloyd Stuckey MD
Full Name (Last, First, Middle Initial)

Mailing Address 8506 Berry Patch Ln

| | | |
|----------------|-------------|------------------------|
| City Roland | State AR | Zip Code 72135-9002 |
|----------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Radiology Consultants of Little Rock | Occupation Diagnostic Radiologist |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : C2838488

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. Richard F Sullivan
Full Name (Last, First, Middle Initial)

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 Department of Radiology | Occupation Diagnostic Radiologist |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2014 |

Transaction ID : C2833050

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

| | |
|--|---------------|
| 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: PAGE 77 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas A Summers

Mailing Address 13 Mourning Dove Ct

City Orchard Park State NY Zip Code 14127-3000

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

Name of Employer Windsong Radiology Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : C2853193

Amount of Each Receipt this Period
62.52

Full Name (Last, First, Middle Initial)
B. Janet H Sung

Mailing Address 9765 Rocky Pt

City Clarence State NY Zip Code 14031-1589

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

Name of Employer Windsong Radiology Group Occupation Chief

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : C2853194

Amount of Each Receipt this Period
62.52

Full Name (Last, First, Middle Initial)
C. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City Franklin Lakes State NJ Zip Code 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.17**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2832639

Amount of Each Receipt this Period
9.61

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.65**

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 103 |
| | <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 |

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

A. Sunitha Sunkavalli
Full Name (Last, First, Middle Initial)

Mailing Address 943 High Mountain Rd

City Franklin Lakes State NJ Zip Code 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.17

Date of Receipt 09 / 18 / 2014
Transaction ID : C2833109

Amount of Each Receipt this Period 9.61

B. James N Suojanen
Full Name (Last, First, Middle Initial)

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 South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2014
Transaction ID : C2833051

Amount of Each Receipt this Period 100.00

C. Ellen K Tabor
Full Name (Last, First, Middle Initial)

Mailing Address Western Pennsylvania Hospital
4800 Friendship Ave

City Pittsburgh State PA Zip Code 15224-1722

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

Name of Employer Allegheny Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2014
Transaction ID : C2838529

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 359.61

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 79 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Knox Randolph Tate

Mailing Address 809 8th Ave NW

City State Zip Code
Hickory NC 28601-3548

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

Name of Employer Occupation
Catawba Radiological Associates 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
09 / 08 / 2014

Transaction ID : C2833065

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Shawn DeWayne Teague

Mailing Address 11844 Tarver Ct

City State Zip Code
Fishers IN 46037-8277

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

Name of Employer Occupation
Indiana Univ School of Medicine Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2014

Transaction ID : C2853178

Amount of Each Receipt this Period
100.00

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

Mailing Address 84 Stephens Rd

City State Zip Code
Grosse Pointe Farms MI 48236-3625

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

Name of Employer Occupation
William Beaumont Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1562.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : C2838530

Amount of Each Receipt this Period
312.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 562.50

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: | PAGE 80 OF 103 |
| | (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 |

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

Full Name (Last, First, Middle Initial)
A. Jeffrey L Thomasson

Mailing Address 3 Brookside Ln

City State Zip Code
Saint Louis MO 63124-1814

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

Name of Employer Occupation
West County Radiological Group Diagnostic 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
09 / 05 / 2014

Transaction ID : C2832648

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Patrick J Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : C2832640

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
C. Patrick J Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : C2833110

Amount of Each Receipt this Period
23.07

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 121.14 |
| 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 81 OF 103 |
| | <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 | |

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

A. Leonel Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2450 Stonevalley Lane

City Cumming State GA Zip Code 30041

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

Name of Employer Emory Healthcare Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 06 / 2014**

Transaction ID : C2818700

Amount of Each Receipt this Period **100.00**

B. Devin Vance Waldrop MD
Full Name (Last, First, Middle Initial)

Mailing Address 423 Waverly Lane

City Macon State GA Zip Code 31210-7573

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

Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 24 / 2014**

Transaction ID : C2831862

Amount of Each Receipt this Period **250.00**

C. Eric Alfred Walker
Full Name (Last, First, Middle Initial)

Mailing Address 663 Waltonville Rd

City Hummelstown State PA Zip Code 17036-9001

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

Name of Employer Milton S. Hershey Medical School Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : C2823191

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**

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 82 OF 103 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Anthony Douglas Warden MD

Mailing Address 115 Valley Brook Dr SE

City State Zip Code
Rome GA 30161-5965

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

Name of Employer Occupation
Rome Radiology Group Individual

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 19 / 2014
Transaction ID : C2828376

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Alyssa Tomiko Watanabe

Mailing Address Voxel Imaging Inc
2711 N Sepulveda Blvd Ste 284

City State Zip Code
Manhattan Beach CA 90266-2725

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

Name of Employer Occupation
Voxel Imaging Inc Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 02 / 2014
Transaction ID : C2817291

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. David Warren Weiss

Mailing Address 5 Northwest Ct

City State Zip Code
Little Rock AR 72212-1513

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

Name of Employer Occupation
Radiology Consultants Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : C2838489

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 83 OF 103 |
| | (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 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Simon Westacott | | Date of Receipt |
| Mailing Address 1965 Glendower Dr | | <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City Lancaster State PA Zip Code 17601-4945 | | Transaction ID : C2832610 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist | | <input type="text" value="100.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="900.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jerry Duke Westerfield | | Date of Receipt |
| Mailing Address 43 Dowell Rd | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City Russell Springs State KY Zip Code 42642-4236 | | Transaction ID : C2838465 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Russell County Radiology, PSC Occupation Diagnostic Radiologist | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Patrick Noel Weybright | | Date of Receipt |
| Mailing Address 1234 Mastersonville Rd | | <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City Manheim State PA Zip Code 17545-9461 | | Transaction ID : C2832611 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist | | <input type="text" value="100.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="900.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="450.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 84 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Alan Dewayne Williams

Mailing Address 55 Robinwood Dr

City Little Rock State AR Zip Code 72227-2238

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : C2838490

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Richard G Williams

Mailing Address 726 S 2nd St

City Clearfield State PA Zip Code 16830

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

Name of Employer Self-Employed Occupation 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
09 / 25 / 2014

Transaction ID : C2838531

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mark D Wittry

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 West County Radiological Group, Inc. Occupation Cardiac Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : C2819896

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ► **833.34**

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: PAGE 85 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. David M Wolf

Mailing Address PO Box 469

City State Zip Code
Clarence Center NY 14032

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

Name of Employer Occupation
Windsong Radiology Group 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
 09 / 26 / 2014
Transaction ID : C2853195

Amount of Each Receipt this Period
62.52

Full Name (Last, First, Middle Initial)
B. Daniel J Wunder

Mailing Address 110 Meadowpointe East

City State Zip Code
Hendersonville TN 37075-5917

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

Name of Employer Occupation
Advanced Diagnostic Imaging Interventional 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
 09 / 29 / 2014
Transaction ID : C2834403

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Clement Yang MD

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1241

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2832642

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.59

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 86 OF 103 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Clement Yang MD

Mailing Address 555 W 59th St Apt 19E

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10019-1241 |

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

| | |
|----------------------------|------------------------|
| Name of Employer | Occupation |
| Hackensack Radiology Group | Diagnostic Radiologist |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.77**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2014 |

Transaction ID : C2833112

Amount of Each Receipt this Period

| |
|--------|
| 323.07 |
|--------|

Full Name (Last, First, Middle Initial)
B. Mark Ming-Yi Yeh

Mailing Address 330 Cordova St Unit 311

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Pasadena | CA | 91101-4604 |

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

| | |
|-------------------------|------------------------|
| Name of Employer | Occupation |
| Mark M. Yeh, M.D., Inc. | 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 |
| 09 | / | 25 | / | 2014 |

Transaction ID : C2831909

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Full Name (Last, First, Middle Initial)
c. J E Zetterberg

Mailing Address 114 Totoket Rd

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Branford | CT | 06405-6425 |

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

| | |
|------------------------------------|------------------------|
| Name of Employer | Occupation |
| New Havon Radiology Associates, PC | 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 |
| 09 | / | 30 | / | 2014 |

Transaction ID : C2838506

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 323.07 |
| TOTAL This Period (last page this line number only).....▶ | 44875.46 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America - Hard

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2014 |

Transaction ID : D162334

Amount of Each Disbursement this Period

| |
|---------|
| 1046.78 |
|---------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|---------|
| 1046.78 |
|---------|

| |
|---------|
| 1046.78 |
|---------|

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Aimee Belgard for Congress

Mailing Address PO Box 35

City Willingboro State NJ Zip Code 08046-0035

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 29 | | | 2014 | | | |

Transaction ID : D161774

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BETTY PAC

Mailing Address PO BOX 14141

City ST PAUL State MN Zip Code 55114

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 19 | | | 2014 | | | |

Transaction ID : D161310

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for US Senate

Mailing Address PO BOX 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 16 | | | 2014 | | | |

Transaction ID : D161210

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Joint Fundraising Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : D161038

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Trott for Congress

Mailing Address 2085 E. West Maple Road A-101

City Commerce Township State MI Zip Code 48390

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D161037

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Trott for Congress

Mailing Address 2085 E. West Maple Road A-101

City Commerce Township State MI Zip Code 48390

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161196

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2014 |

Mailing Address 610 S. BOULEVARD

Transaction ID : D161212

City State Zip Code
TAMPA FL 33606

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement
Contribution to a Leadership PAC

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DAWG PAC - DEMOCRATS AGAINST WASTE IN GOVERNMENT

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2014 |

Mailing Address PO BOX 83142

Transaction ID : D161206

City State Zip Code
GAITHERSBURG MD 20883

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement
Contribution to a Leadership PAC

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. First in Freedom PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 29 | | 2014 |

Mailing Address 228 S. Washington Street, Suite 11

Transaction ID : D161771

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement
Contribution to a Leadership PAC

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Free State PAC

Mailing Address PO Box 9191

City Mission State KS Zip Code 66201-1791

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161193

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Fund for the Majority PAC

Mailing Address 600 Pennsylvania SE, Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161195

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ICE PAC

Mailing Address PO Box 752

City Long Lake State MN Zip Code 55356

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : D161039

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Kelly PAC

Mailing Address 901 N. Washington St.
Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D161204

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D161215

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D161197

Amount of Each Disbursement this Period

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

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Lobo PAC

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161205

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Oorah PAC

Mailing Address 526 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161207

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161220

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161216

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : D161311

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City ST. PAUL State MN Zip Code 55114

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161192

Amount of Each Disbursement this Period

3500.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 231

City LUTHERVILLE State MD Zip Code 21094

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. C.A. Dutch Ruppertsberger

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MD District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161200

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 234

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Chris Gibson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 19

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161211

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 ST. PAUL ST.

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Chris Van Hollen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MD District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : D161199

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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| 6 | 5 | 0 | 0 | . | 0 | 0 |
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TOTAL This Period (last page this line number only)..... ▶

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| 6 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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)

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

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

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Dan Benishek

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : **D162324**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Doris Matsui

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : **D161208**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City State Zip Code
EDEN PRAIRIE MN 55344

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Erik Paulsen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : **D161040**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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TOTAL This Period (last page this line number only)..... ▶

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|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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**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)

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

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

Full Name (Last, First, Middle Initial)

A. BUTTERFIELD FOR CONGRESS

Mailing Address PO BOX 2571

City State Zip Code
WILSON NC 27894

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. G.K. Butterfield

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 16 / 2014

Transaction ID : D161202

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City State Zip Code
STATE COLLEGE PA 16804

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Glenn Thompson

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 29 / 2014

Transaction ID : D161768

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Jackie Speier

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 16 / 2014

Transaction ID : D161219

Amount of Each Disbursement this Period

2500.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Jeff Denham

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : D161769

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405

City State Zip Code
Worcester MA 01606-0405

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Jim McGovern

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : D161194

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FLEMING FOR CONGRESS

Mailing Address PO BOX 1236

City State Zip Code
MINDEN LA 71058

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. John Fleming

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : D161213

Amount of Each Disbursement this Period

1500.00

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

3500.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Julia Brownley

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161189

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161217

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Larry Bucshon

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161198

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

/ /

Transaction ID : D161069

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Pat Tiberi

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

Transaction ID : D161214

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Patrick Meehan

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

/ /

Transaction ID : D162325

Amount of Each Disbursement this Period

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

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)

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

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

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Raul Ruiz

Office Sought: House Senate President
Disbursement For: 2014
 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161201

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 Magnolia Ter

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Richard E. Neal

Office Sought: House Senate President
Disbursement For: 2014
 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : D161772

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Scott Peters

Office Sought: House Senate President
Disbursement For: 2014
 Primary General Other (specify) ▼
State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161218

Amount of Each Disbursement this Period

2000.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. 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

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : D161770

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Tulsi Gabbard

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161190

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : D161209

Amount of Each Disbursement this Period

1500.00

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

6500.00

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