

**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)..... ▶

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