

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		261891.77
(b) Cash on Hand at Beginning of Reporting Period.....	631534.26	
(c) Total Receipts (from Line 19)	67862.02	759855.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	699396.28	1021747.64
7. Total Disbursements (from Line 31).....	99238.93	421590.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	600157.35	600157.35
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)

Page 3

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).....	62073.07	672894.39
(ii) Unitemized	5038.95	86211.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67112.02	759105.87
(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)	67112.02	759105.87
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.....	750.00	750.00
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))..... ▶	67862.02	759855.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67862.02	759855.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2738.93	10152.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2738.93	10152.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96500.00	410500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	937.30
(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	937.30
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)) ..	99238.93	421590.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99238.93	421590.29

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)	67112.02	759105.87
34. Total Contribution Refunds (from Line 28(d))	0.00	937.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67112.02	758168.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2738.93	10152.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2738.93	10152.99

**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 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Essmaeel H Abdel-Dayem MD
 Full Name (Last, First, Middle Initial)
 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: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045356
 Amount of Each Receipt this Period
 100.00

B. David Abramowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Stony Point Rd
 City State Zip Code
 Charleston WV 25314-1670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kanawha Valley Radiology, Inc. Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 454.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047365
 Amount of Each Receipt this Period
 272.73

C. Darshan J Acharya MD
 Full Name (Last, First, Middle Initial)
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : C3024179
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 422.73
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 7 OF 108
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 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. Arthur S Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
 New York NY 10023-7402

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 ▼
 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : C3045436

Amount of Each Receipt this Period
 23.07

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code
 New York NY 10023-7402

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 ▼
 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045466

Amount of Each Receipt this Period
 23.07

Full Name (Last, First, Middle Initial)
C. 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : C3039095

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.14

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

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

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FOR LINE NUMBER: PAGE 8 OF 108
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 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. Rafael A Altieri

Mailing Address 15 Savoy St Apt D308

City Boston State MA Zip Code 02118-2588

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

Name of Employer South Shore Radiological Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045357

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Caryn Cockerill Anderson

Mailing Address 6625 Westminster Dr

City Zionsville State IN Zip Code 46077-7305

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

Name of Employer St Marys Hosp 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
 06 / 26 / 2015
Transaction ID : C3046028

Amount of Each Receipt this Period
500.00

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

Mailing Address 13074 Starbuck Rd

City Saint Louis State MO Zip Code 63141-8544

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : C3045407

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **675.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 108
	(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. George Russell Autz

Mailing Address 7 Sycamore Drive

City	State	Zip Code
Port Washington	NY	11050-1132

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

Name of Employer	Occupation
CWI	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : C3018870

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. James J Baek

Mailing Address 1701 Stonehenge Rd

City	State	Zip Code
Charleston	WV	25314-1675

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

Name of Employer	Occupation
Kanawha Valley Radiology	Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3047366

Amount of Each Receipt this Period
272.73

Full Name (Last, First, Middle Initial)
C. Edward R Bartley

Mailing Address Northwest Radiology Network
5901 Technology Center Dr

City	State	Zip Code
Indianapolis	IN	46278-6013

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

Name of Employer	Occupation
Northwest Rad Network	Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : C3046030

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1022.73
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 108
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 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. Jose Bauza
 Full Name (Last, First, Middle Initial)
 Mailing Address 3880 Inverness Way
 City State Zip Code
 Martinez GA 30907-9433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brown and Associates Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025487
 Amount of Each Receipt this Period
 500.00

B. Howard Marshall Bear
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 Pearlman Way
 City State Zip Code
 San Diego CA 92130-2789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Diego Imaging Medical Group Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2015
Transaction ID : C3021534
 Amount of Each Receipt this Period
 50.00

C. Lance J Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1405 Wesleys Run
 City State Zip Code
 Gladwyne PA 19035-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeast Radiology, Ltd. Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047372
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 670.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 108
(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 Eugene Beltz MD

Mailing Address 2987 Cameo Dr

City Carmel State IN Zip Code 46032-9313

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

Name of Employer Northwest Radiology Network 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
06 / 26 / 2015

Transaction ID : C3046031

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Homer F Beltz

Mailing Address Northwest Radiology Network
 5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

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

Name of Employer Northwest Radiology Network PC 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
06 / 26 / 2015

Transaction ID : C3046032

Amount of Each Receipt this Period
500.00

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

Mailing Address 53 Alder Ct

City Iowa City State IA Zip Code 52246-9409

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

Name of Employer University of Iowa 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
06 / 08 / 2015

Transaction ID : C3025517

Amount of Each Receipt this Period
250.00

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:	PAGE 13 OF 108
	(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. Kenneth G Berkenstock
 Full Name (Last, First, Middle Initial)
 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 Radiation Oncologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3045373
 Amount of Each Receipt this Period
 84.00

B. Timothy Andrew Bernauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Pintail Pl
 City Appleton State WI Zip Code 54913-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : C3029894
 Amount of Each Receipt this Period
 210.00

C. Alfred James Beyer III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Trent Woods Dr
 City Trent Woods State NC Zip Code 28562-7441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3046068
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional).....▶	374.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 108
	<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. James S Bezreh
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 Hospital Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 01 / 2015
Transaction ID : C3045358

Amount of Each Receipt this Period
100.00

B. Justin Tyler Blum MD
Full Name (Last, First, Middle Initial)

Mailing Address 11 Kershaw Rd

City Wallingford State PA Zip Code 19086-6203

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
06 / 30 / 2015
Transaction ID : C3047373

Amount of Each Receipt this Period
120.00

C. Adam Russell Bogomol
Full Name (Last, First, Middle Initial)

Mailing Address 200 W 72nd St
Apt 11K

City New York State NY Zip Code 10023-3267

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 ▼ **299.91**

Date of Receipt
06 / 11 / 2015
Transaction ID : C3045434

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... **243.07**

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 15 OF 108
	<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. Adam Russell Bogomol
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 72nd St
 Apt 11K
 City New York State NY Zip Code 10023-3267
 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 **299.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045464
 Amount of Each Receipt this Period
23.07

B. Jeffrey Boss
 Full Name (Last, First, Middle Initial)
 Mailing Address 7532 Old Oakland Blvd W
 City Indianapolis State IN Zip Code 46236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kanawha Valley Radiologists Occupation Radiologist
 Receipt For: 2016 Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047370
 Amount of Each Receipt this Period
144.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047374
 Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... **287.07**
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 16 OF 108
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Margaret A Brengle

Mailing Address 16465 Cyprian Cir

City Westfield State IN Zip Code 46074-8782

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

Name of Employer RSI Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 26 / 2015**

Transaction ID : C3046033

Amount of Each Receipt this Period **500.00**

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

Mailing Address 1930 Pickering Trl

City Lancaster State PA Zip Code 17601-4972

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 03 / 2015**

Transaction ID : C3045374

Amount of Each Receipt this Period **35.00**

Full Name (Last, First, Middle Initial)
C. William S Brooks III

Mailing Address PO Box 2172

City Augusta State GA Zip Code 30903-2172

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

Name of Employer Brown Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 08 / 2015**

Transaction ID : C3025494

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1035.00**

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 17 OF 108
	(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. Samuel J Buff

Mailing Address Coastal Radiology
Box 12065

City New Bern State NC Zip Code 28561-2065

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
06 / 29 / 2015

Transaction ID : C3046069

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Deland D Burks

Mailing Address 2501 Greenridge Dr

City Fort Smith State AR Zip Code 72903-5103

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

Name of Employer Radiology, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 25 / 2015

Transaction ID : C3038132

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 01 / 2015

Transaction ID : C3045359

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	680.00
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 18 OF 108
(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. Mark Aaron Chambers MD

Mailing Address 1005 Des Peres Woods Ct

City State Zip Code
Des Peres MO 63131-2055

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

Name of Employer Occupation
West County Radiological Group Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : C3045408

Amount of Each Receipt this Period
75.00

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

Mailing Address 192 Hinckley Rd

City State Zip Code
Milton MA 02186-2853

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

Name of Employer Occupation
South Shore Hospital Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045360

Amount of Each Receipt this Period
75.00

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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3018883

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 108
	<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 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : C3046010
 Amount of Each Receipt this Period
 62.52

B. Henry Ta-Wah Ching
 Full Name (Last, First, Middle Initial)
 Mailing Address 854 Rosewood Ct
 City State Zip Code
 Chambersburg PA 17201-2891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chambersburg Imaging Associates Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : C3046002
 Amount of Each Receipt this Period
 270.00

C. Harris Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5639 Ashley Square S
 City State Zip Code
 Memphis TN 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Tenn HSC 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
 06 / 03 / 2015
Transaction ID : C3018848
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1332.52
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 20 OF 108
	<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. James P Coleman MD
Full Name (Last, First, Middle Initial)

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 ▼ **600.00**

Date of Receipt **06 / 27 / 2015**

Transaction ID : C3039096

Amount of Each Receipt this Period **100.00**

B. PEDRO COLLAZO-ORNES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9024255

City SAN JUAN State PR Zip Code 00902-4255

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

Name of Employer SP RADIOLOGY, PSC Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **06 / 20 / 2015**

Transaction ID : C3034233

Amount of Each Receipt this Period **100.00**

C. Lisa Ann Collazzo
Full Name (Last, First, Middle Initial)

Mailing Address 3 Pennsford Ln

City Media State PA Zip Code 19063-2051

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047375

Amount of Each Receipt this Period **120.00**

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 108
	(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. Michael Shawn Conley

Mailing Address 9921 Wind River Run

City State Zip Code
Mc Cordsville IN 46055-9453

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046034

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Glenn Clyde Cook

Mailing Address Scottsdale Med Imaging Ltd
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015
Transaction ID : C3047343

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Timothy Andrew Crummy

Mailing Address 2509 Middleton Beach Rd

City State Zip Code
Madison WI 53562-2912

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

Name of Employer Occupation
Madison Radiologists Diagnostic Radiologist

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
582.52

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : C3020960

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	680.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<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. Jennifer Marie Cutts MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1212

City York Harbor State ME Zip Code 03911-1212

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

Name of Employer South Coast Radiology 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
 06 / 03 / 2015
Transaction ID : C3018822

Amount of Each Receipt this Period
 250.00

B. Elizabeth Gilbert D'Angelo
Full Name (Last, First, Middle Initial)

Mailing Address 108 Bur Ben Ln

City New Bern State NC Zip Code 28560-7520

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3046070

Amount of Each Receipt this Period
 80.00

C. Kyle Laird Dale MD
Full Name (Last, First, Middle Initial)

Mailing Address 2918 Campsite PI

City Missoula State MT Zip Code 59808-5417

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

Name of Employer Missoula Radiology, PC Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : C3039101

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	580.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 108
	<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

A. James B Davis
Full Name (Last, First, Middle Initial)

Mailing Address 52 Chigoe Ln

City Appling State GA Zip Code 30802-3838

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

Name of Employer Brown and Associates 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
 06 / 08 / 2015

Transaction ID : C3025482

Amount of Each Receipt this Period
 500.00

B. Timothy Lloyd Davis
Full Name (Last, First, Middle Initial)

Mailing Address St Joseph Hospital
1901 W Sycamore St

City Kokomo State IN Zip Code 46901

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

Name of Employer Mallinckrodt Inst of Radiology 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
 06 / 26 / 2015

Transaction ID : C3046035

Amount of Each Receipt this Period
 500.00

c. John S DeMeritt
Full Name (Last, First, Middle Initial)

Mailing Address 18 Baldwin Rd

City Saddle River State NJ Zip Code 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015

Transaction ID : C3045437

Amount of Each Receipt this Period
 23.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 1023.07

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 24 OF 108
	(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. John S DeMeritt

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 ▼
299.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015
Transaction ID : C3045467

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
B. John F Donnal

Mailing Address 305 brooke ave #305

City State Zip Code
Norfolk VA 23510

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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : C3047328

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
c. Laura O Dugan

Mailing Address 2678 Towne Dr

City State Zip Code
Carmel IN 46032-9749

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

Name of Employer Occupation
Northwest Radiology Network Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046036

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1523.07
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 25 OF 108
	(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. Jason Dana Dunleavy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1238 Blakeley Rd
 City East Aurora State NY Zip Code 14052-9727
 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 ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : C3046011
 Amount of Each Receipt this Period
 62.52

B. Amr Kamal El Jack MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 E Deerfield Dr
 City Media State PA Zip Code 19063-1833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047376
 Amount of Each Receipt this Period
 120.00

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: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045361
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	282.52
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 26 OF 108
	<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. Warren Dibrill Elam
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 High Hampton Drive
 City State Zip Code
 Martinez GA 30907-9149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brown and Associates Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025490
 Amount of Each Receipt this Period
 500.00

B. Paul H Ellenbogen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4240 Prescott Ave Apt 7E
 City State Zip Code
 Dallas TX 75219-2392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwest Imaging & Interven specialis Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : C3027532
 Amount of Each Receipt this Period
 208.34

C. Eric Daniel Elliott
 Full Name (Last, First, Middle Initial)
 Mailing Address 2643 Fairwind Court
 City State Zip Code
 Carmel IN 46032-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NorthWest Radiology Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046037
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1208.34
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 27 OF 108
(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. Catherine J Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code
 New Bern NC 28562-6446

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

Name of Employer Occupation
 Coastal Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3046071

Amount of Each Receipt this Period
 80.00

Full Name (Last, First, Middle Initial)
B. Peter J Fang

Mailing Address 930 Dewberry Ct

City State Zip Code
 Chambersburg PA 17201

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

Name of Employer Occupation
 Chambersburg Imaging Associates Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : C3046003

Amount of Each Receipt this Period
 270.00

Full Name (Last, First, Middle Initial)
C. Kimberly Nicole Feigin

Mailing Address Memorial Sloan-Kettering
 300 E 66th St Unit 15

City State Zip Code
 New York NY 10065-6800

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

Name of Employer Occupation
 Memorial Sloan-Kettering Cancer Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025333

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 28 OF 108
(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. Janalyn P Ferguson
 Mailing Address 4508 Winterspring Cres
 City State Zip Code
 Zionsville IN 46077-9276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Radiology Network Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046038
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. George Joseph Ferrone
 Mailing Address 440 E 62nd St Apt 18F
 City State Zip Code
 New York NY 10065-8345
 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 ▼
 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : C3045428
 Amount of Each Receipt this Period
 23.07

Full Name (Last, First, Middle Initial)
C. George Joseph Ferrone
 Mailing Address 440 E 62nd St Apt 18F
 City State Zip Code
 New York NY 10065-8345
 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 ▼
 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045458
 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 29 OF 108
	<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 Robert Fisher

Mailing Address 2035 Grantham Rd

City Berwyn State PA Zip Code 19312-2119

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047377

Amount of Each Receipt this Period **120.00**

Full Name (Last, First, Middle Initial)
B. Vincent L Flanders MD

Mailing Address 3448 Homestretch Dr

City Carmel State IN Zip Code 46032-0003

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

Name of Employer Northwest Radiology Network Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 26 / 2015**

Transaction ID : C3046039

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Jonathan Flug MD, MBA

Mailing Address 1490 Delgany St Apt 1027

City Denver State CO Zip Code 80202-6616

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

Name of Employer University of Colorado Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **06 / 23 / 2015**

Transaction ID : C3034842

Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **705.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 108
	(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. Jonathan Flug MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 Delgany St Apt 1027
 City State Zip Code
 Denver CO 80202-6616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3038160
 Amount of Each Receipt this Period
 10.00

B. Christopher Warren Flye
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 12065
 City State Zip Code
 New Bern NC 28561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coastal Radiology Associates Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3046072
 Amount of Each Receipt this Period
 80.00

C. Arthur Jackson Fountain
 Full Name (Last, First, Middle Initial)
 Mailing Address Emory Univ
 49 Jesse Hill Jr Dr SE
 City State Zip Code
 Atlanta GA 30303-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emory University Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : C3020961
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 31 OF 108
	<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. Steven A Fritsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1945 Mulsanne Drive
 City Zionsville State IN Zip Code 46077-9077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Radiology Network Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046040
 Amount of Each Receipt this Period
500.00

B. Nancy A Gadziala
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Clover Hills Dr
 City Rochester State NY Zip Code 14618-4710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borg & IDE Imaging Occupation Diagnostic Radiologist
 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
 06 / 08 / 2015
Transaction ID : C3025329
 Amount of Each Receipt this Period
250.00

C. Joseph Christopher George
 Full Name (Last, First, Middle Initial)
 Mailing Address 10872 Blooming Orchard Dr
 City Fishers State IN Zip Code 46038-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Radiology Network Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046041
 Amount of Each Receipt this Period
500.00

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 32 OF 108
	<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. Maryellyn Gilfeather

Mailing Address 54 E Churchill Dr

City State Zip Code
Salt Lake City UT 84103-2266

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

Name of Employer Occupation
UIA Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2015
Transaction ID : C3019038

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Roger L Gonda JR

Mailing Address 603 N Maxfield Rd

City State Zip Code
Brighton MI 48114-9649

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

Name of Employer Occupation
Providence Hospital Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2015
Transaction ID : C3025199

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Eric Todd Goodman

Mailing Address 8933 Activity Rd

City State Zip Code
San Diego CA 92126-4427

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

Name of Employer Occupation
Sharp Rees-Stealy Medical Group Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2015
Transaction ID : C3034251

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<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. Andrew Ryan Gordon MD

Mailing Address 150 Glenwood Rd

City Haddonfield State NJ Zip Code 08033-3427

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047378

Amount of Each Receipt this Period
120.00

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

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : C3045362

Amount of Each Receipt this Period
100.00

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

Mailing Address 1317 Five Point Rd

City Virginia Beach State VA Zip Code 23454-1930

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047329

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional).....▶	472.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 108
	<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

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

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 ▼
1260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015
Transaction ID : C3017352

Amount of Each Receipt this Period
210.00

B. David J Gulliver
Full Name (Last, First, Middle Initial)

Mailing Address Northwest Radiology Network
5901 Technology Center Dr

City State Zip Code
Indianapolis IN 46278-6013

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

Name of Employer Occupation
Northwest Radiology Network Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046042

Amount of Each Receipt this Period
500.00

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

Mailing Address 2110 Homeview Ct

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
SDMI Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015
Transaction ID : C3021594

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00

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 108
	<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. 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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : C3045409

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Thomas Francis Hagman

Mailing Address 3516 Hintocks Cir

City Carmel State IN Zip Code 46032-9184

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

Name of Employer Indiana Univ School of Medicine 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
06 / 26 / 2015

Transaction ID : C3046043

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Heather Griffith Hahn MD

Mailing Address 136 Bromley Dr

City Wilmington State DE Zip Code 19808-1370

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047379

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... **670.00**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 108
(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. Richard L Hallett II
 Full Name (Last, First, Middle Initial)
 Mailing Address 13225 Mattock Chase
 City Carmel State IN Zip Code 46033-8643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Radiology Network 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
 06 / 26 / 2015
Transaction ID : C3046044
 Amount of Each Receipt this Period
 500.00

B. Gene Han MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : C3045438
 Amount of Each Receipt this Period
 23.07

C. Gene Han MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045468
 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 37 OF 108
	<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. Warren Kent Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 5522 S 700 E

City Whitestown	State IN	Zip Code 46075-9370
--------------------	-------------	------------------------

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

Name of Employer Northwest Radiology Network	Occupation Radiologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : C3046045

Amount of Each Receipt this Period
500.00

B. 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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036534

Amount of Each Receipt this Period
210.00

C. Rayda N Hernandez-Guasch
Full Name (Last, First, Middle Initial)
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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : C3020971

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 38 OF 108
	(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. Rayda N Hernandez-Guasch
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : C3046006
 Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047380
 Amount of Each Receipt this Period
 120.00

C. Patrick E Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 423 Wynterhall Dr
 City Charleston State WV Zip Code 25309-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ Medical Center Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047367
 Amount of Each Receipt this Period
 272.73

SUBTOTAL of Receipts This Page (optional).....▶	492.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 108
	<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. Lee Eric Hoagland MD
Full Name (Last, First, Middle Initial)

Mailing Address 5922 Cyrpress 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 ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015

Transaction ID : C3021528

Amount of Each Receipt this Period
85.00

B. Rodney Harold Hobbs MD
Full Name (Last, First, Middle Initial)

Mailing Address 2312 Overton Rd

City Augusta State GA Zip Code 30904-3446

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

Name of Employer Brown and 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
06 / 08 / 2015

Transaction ID : C3025483

Amount of Each Receipt this Period
1000.00

C. Kelly Kristine Horst MD
Full Name (Last, First, Middle Initial)

Mailing Address 5704 Lawton Loop West Dr

City Indianapolis State IN Zip Code 46216-2010

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

Name of Employer Northwest Radiology Network 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
06 / 26 / 2015

Transaction ID : C3046046

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1585.00
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 40 OF 108
	(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 W Husted
Full Name (Last, First, Middle Initial)

Mailing Address Crozier-Chester Med Ctr
1 Medical Center Blvd

City Chester State PA Zip Code 19013-3902

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
06 / 30 / 2015
Transaction ID : C3047381

Amount of Each Receipt this Period
120.00

B. Elizabeth Ann Ignacio
Full Name (Last, First, Middle Initial)

Mailing Address 71 Kamaiki Cir

City Kahului State HI Zip Code 96732-3153

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

Name of Employer George Washington Med Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 15 / 2015
Transaction ID : C3024737

Amount of Each Receipt this Period
100.00

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

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 03 / 2015
Transaction ID : C3045379

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 108
	<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. Lester Skolfield Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1021 Downshire Chase
 City Virginia Beach State VA Zip Code 23452-6154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047331
 Amount of Each Receipt this Period
 249.99

B. William Kent Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 Lombardy Ct
 City Augusta State GA Zip Code 30909-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown and Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025488
 Amount of Each Receipt this Period
 500.00

C. Peter Anthony S Johnstone
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Taray de Avila
 City Tampa State FL Zip Code 33613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moffitt Cancer Center Occupation Radiation Oncologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : C3034277
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	849.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 108
	<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. Harold Bradford Jones JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2806 Bellevue Ave
 City Augusta State GA Zip Code 30909-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown and Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025491
 Amount of Each Receipt this Period
 500.00

B. William Falkes Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 9477 E Shangri LA Rd
 City Scottsdale State AZ Zip Code 85260-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3047344
 Amount of Each Receipt this Period
 150.00

c. Alan D Kaye
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Punkh Bowl Dr
 City Westport State CT Zip Code 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Radiology PA Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3019207
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 108
	<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. Russell A Kelley

Mailing Address PO Box 585

City Norwell State MA Zip Code 02061-0585

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 01 / 2015

Transaction ID : C3045363

Amount of Each Receipt this Period
100.00

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

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 ▼ **299.91**

Date of Receipt
06 / 11 / 2015

Transaction ID : C3045439

Amount of Each Receipt this Period
23.07

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

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 ▼ **299.91**

Date of Receipt
06 / 25 / 2015

Transaction ID : C3045469

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 44 OF 108
	<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. Yoonah Kim

Mailing Address 3305 Kline Dr.

City Virginia Beach State VA Zip Code 23452-6230

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047333

Amount of Each Receipt this Period
249.99

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

Mailing Address 14708 Hollyhock Dr

City Oklahoma City State OK Zip Code 73142-1804

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

Name of Employer Eagle Eye Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : C3017546

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Jay M Kleinman

Mailing Address 2130 Greenbrier Dr

City Villanova State PA Zip Code 19085-1708

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047382

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	454.99
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: PAGE 45 OF 108
(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. 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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 03 / 2015

Transaction ID : C3045381

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Carrie L Kresge

Mailing Address 10 Stoney Brook Blvd

City Newtown Square State PA Zip Code 19073-3953

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
06 / 30 / 2015

Transaction ID : C3047383

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
c. Ruben Krishnananthan MD

Mailing Address 835 15th Ave

City Seattle State WA Zip Code 98122-4517

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

Name of Employer Advanced Medical Imaging Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 03 / 2015

Transaction ID : C3018884

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **620.00**

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 46 OF 108
	(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. Adam Thomas Krompecher MD

Mailing Address 313 Mount View Dr

City Charleston State WV Zip Code 25314-1040

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

Name of Employer Kanawha Valley Radiology Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.55**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047368

Amount of Each Receipt this Period
272.73

Full Name (Last, First, Middle Initial)
B. 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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : C3047345

Amount of Each Receipt this Period
150.00

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

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 ▼ **252.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047335

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional).....▶	548.73
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 47 OF 108
	(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. Benjamin B Kuzma

Mailing Address 5639 N Meridian St

City State Zip Code
Indianapolis IN 46208-1502

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

Name of Employer Occupation
Dept of Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046047

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Theodore P Labus

Mailing Address 16132 Chancellors Ridge Way

City State Zip Code
Noblesville IN 46062-7137

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

Name of Employer Occupation
Methodist Hosp of IN Inc Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046048

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Patricia E Ladd MD

Mailing Address 5755 N New Jersey St

City State Zip Code
Indianapolis IN 46220-2532

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

Name of Employer Occupation
Northwest Radiology Network Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : C3046049

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 108
	<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. Charles A Lerner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9014 Sweet Bay Ct
 City Indianapolis State IN Zip Code 46260-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Radiology Network 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
 06 / 26 / 2015
Transaction ID : C3046051
 Amount of Each Receipt this Period
 500.00

B. Paul Albert Leslie
 Full Name (Last, First, Middle Initial)
 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: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3045382
 Amount of Each Receipt this Period
 100.00

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : C3017547
 Amount of Each Receipt this Period
 250.00

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 50 OF 108
	<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 D Longe MD

Mailing Address 305 River Wind Dr

City North Augusta State SC Zip Code 29841-6092

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

Name of Employer Brown and Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 15 / 2015**

Transaction ID : C3025484

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. James Clifford Lorentzen

Mailing Address Coastal Radiology PO Box 12065

City New Bern State NC Zip Code 28561

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **06 / 29 / 2015**

Transaction ID : C3046073

Amount of Each Receipt this Period **80.00**

Full Name (Last, First, Middle Initial)
C. Kay Denise Spong Lozano

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 ▼ **1254.00**

Date of Receipt **06 / 20 / 2015**

Transaction ID : C3034240

Amount of Each Receipt this Period **209.00**

SUBTOTAL of Receipts This Page (optional)..... **789.00**

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 108
	(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. Jennifer Lyn Lynch

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : C3045364

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. John L Mahoney

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : C3045365

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Daniel Dawson Maki

Mailing Address 9944 E South Bend Dr

City Scottsdale State AZ Zip Code 85255-2538

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

Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : C3047346

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 108
	(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. Hiten Maganlal Malde

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **299.91**

Date of Receipt **06 / 11 / 2015**

Transaction ID : C3045424

Amount of Each Receipt this Period **23.07**

Full Name (Last, First, Middle Initial)
B. Hiten Maganlal Malde

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **299.91**

Date of Receipt **06 / 25 / 2015**

Transaction ID : C3045454

Amount of Each Receipt this Period **23.07**

Full Name (Last, First, Middle Initial)
C. A Jane Maloof

Mailing Address 1810 loudon heights rd

City Charleston State WV Zip Code 25314

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

Name of Employer KVR, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **454.55**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047369

Amount of Each Receipt this Period **272.73**

SUBTOTAL of Receipts This Page (optional)..... **318.87**

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 53 OF 108
	(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. Elizabeth Pamela Maltin
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Montfort Place
 City Syosset State NY Zip Code 11291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pro Health Care Associates 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
 06 / 03 / 2015
Transaction ID : C3019187
 Amount of Each Receipt this Period
 250.00

B. Veronica Jane Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 W Main St Apt 414
 City Carmel State IN Zip Code 46032-3106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer I U Hospitals 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
 06 / 26 / 2015
Transaction ID : C3046052
 Amount of Each Receipt this Period
 500.00

c. Christopher C May
 Full Name (Last, First, Middle Initial)
 Mailing Address 14627 E Paradise Dr
 City Fountain Hills State AZ Zip Code 85268-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3047347
 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: (check only one)	PAGE 54 OF 108
	<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. James A McGee

Mailing Address 815 W Bennett Ct

City Dunlap State IL Zip Code 61525-9356

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

Name of Employer Specialists in Medical Imaging (SMI)
Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : C3036080

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Susan E McKenzie

Mailing Address Medical Center Rads Inc
5544 Greenwich Rd Ste 200

City Virginia Beach State VA Zip Code 23462-6563

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

Name of Employer Medical Center Radiologists, I
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047337

Amount of Each Receipt this Period
 249.99

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

Mailing Address 400 N Harbor Lights Dr

City Ponte Vedra Beach State FL Zip Code 32081

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

Name of Employer Mayo Clinic
Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : C3040662

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	584.99
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 55 OF 108
	<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. John Mark Michael
Full Name (Last, First, Middle Initial)

Mailing Address 14567 Jason St

City Carmel State IN Zip Code 46033-8759

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

Name of Employer Methodist Hosp of IN Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 26 / 2015
Transaction ID : **C3046053**

Amount of Each Receipt this Period
500.00

B. Igor Mikityansky
Full Name (Last, First, Middle Initial)

Mailing Address 16 Cape Cod Ln

City East Amherst State NY Zip Code 14051-1087

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 ▼ 232.16

Date of Receipt
06 / 24 / 2015
Transaction ID : **C3046017**

Amount of Each Receipt this Period
62.52

C. William Sloane Millar
Full Name (Last, First, Middle Initial)

Mailing Address 16 Hedgerow Drive

City Englewood State NJ Zip Code 07631-5036

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

Name of Employer Columbia Presbyterian Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 22 / 2015
Transaction ID : **C3034278**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 612.52

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 56 OF 108
	<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 ▼
549.91

Date of Receipt
06 / 11 / 2015
Transaction ID : C3045429

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 ▼
549.91

Date of Receipt
06 / 25 / 2015
Transaction ID : C3045459

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 ▼
500.00

Date of Receipt
06 / 06 / 2015
Transaction ID : C3021502

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: PAGE 57 OF 108
(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. G R Mirchandani

Mailing Address 105 Duane 40H

City State Zip Code
 New York NY 10007

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

Name of Employer Occupation
 NYRA Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3021964

Amount of Each Receipt this Period
 250.00

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

Mailing Address 20 Lawrence St

City State Zip Code
 Boston MA 02116-6211

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

Name of Employer Occupation
 South Shore Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045366

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. Jane S Mitchell

Mailing Address 9922 Summerlakes Drive

City State Zip Code
 Carmel IN 46032-9307

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

Name of Employer Occupation
 Northwest Radiology Network Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046054

Amount of Each Receipt this Period
 500.00

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 58 OF 108
	(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. Irene Mogil DO
Full Name (Last, First, Middle Initial)

Mailing Address 4825 Goodrich Rd

City Clarence State NY Zip Code 14031-2401

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 ▼ **232.16**

Date of Receipt **06 / 24 / 2015**

Transaction ID : C3046018

Amount of Each Receipt this Period **62.52**

B. Jonathan Asher Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 25 Roscommon Dr

City Newtown Square State PA Zip Code 19073-3047

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047384

Amount of Each Receipt this Period **120.00**

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

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: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 01 / 2015**

Transaction ID : C3045367

Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **257.52**

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 59 OF 108
	<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. 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 ▼ 500.04

Date of Receipt 06 / 05 / 2015
Transaction ID : C3020965

Amount of Each Receipt this Period 83.34

B. John A Morton
Full Name (Last, First, Middle Initial)

Mailing Address Northwest Radiology Network
5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

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

Name of Employer Northwest Radiology Network Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2015
Transaction ID : C3046055

Amount of Each Receipt this Period 500.00

C. Jack J Moss
Full Name (Last, First, Middle Initial)

Mailing Address 8877 Alderly Court

City Indianapolis State IN Zip Code 46260-1619

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

Name of Employer The Women's Hosp-Indianapolis Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2015
Transaction ID : C3046056

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34

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 60 OF 108
	(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. Kurt Andrew Muetterties		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015 Transaction ID : C3047385
Mailing Address 239 Painter Rd		Amount of Each Receipt this Period 120.00
City Media	State PA	Zip Code 19063-4518
FEC ID number of contributing federal political committee. C		
Name of Employer Southeast Radiology Ltd.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Charles Corwin Mulry		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 26 / 2015 Transaction ID : C3046057
Mailing Address Northwest Radiology Network 5901 Technology Center Drive		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	Zip Code 46278-6013
FEC ID number of contributing federal political committee. C		
Name of Employer Madison County Imaging	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) C. Mohit Madan Naik MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 11 / 2015 Transaction ID : C3045441
Mailing Address 424 W End Ave Apt 18C		Amount of Each Receipt this Period 23.07
City New York	State NY	Zip Code 10024-5785
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 ▼ 299.91	

SUBTOTAL of Receipts This Page (optional).....▶	643.07
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 108
	<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. Mohit Madan Naik MD
Full Name (Last, First, Middle Initial)

Mailing Address 424 W End Ave Apt 18C

City New York State NY Zip Code 10024-5785

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 ▼ **299.91**

Date of Receipt **06 / 25 / 2015**

Transaction ID : C3045471

Amount of Each Receipt this Period **23.07**

B. Khozaim Zein Nakhoda
Full Name (Last, First, Middle Initial)

Mailing Address 3831 Rotherfield Ln

City Chadds Ford State PA Zip Code 19317-8925

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047386

Amount of Each Receipt this Period **120.00**

C. Eric W Neils
Full Name (Last, First, Middle Initial)

Mailing Address 904 Squire Oaks Drive

City Villa Hills State KS Zip Code 41017-1371

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

Name of Employer Radiology Associates of N KY Occupation Diagnostic Radiologist

Receipt For: 2014 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 27 / 2015**

Transaction ID : C3039097

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **393.07**

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 62 OF 108
	<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. Gregory Neal Nicola
Full Name (Last, First, Middle Initial)

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 ▼ **299.91**

Date of Receipt **06 / 11 / 2015**

Transaction ID : C3045442

Amount of Each Receipt this Period **23.07**

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

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 ▼ **299.91**

Date of Receipt **06 / 25 / 2015**

Transaction ID : C3045472

Amount of Each Receipt this Period **23.07**

C. Eveleen M Oleinik
Full Name (Last, First, Middle Initial)

Mailing Address 1021 Downshire Chase

City Virginia Beach State VA Zip Code 23452-6154

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047338

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **196.14**

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 63 OF 108
	<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 ▼ 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : C3045443

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 ▼ 299.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045473

Amount of Each Receipt this Period
 23.07

C. Rodney S Owen
Full Name (Last, First, Middle Initial)

Mailing Address 9122 N 60th St

City Paradise Valley State AZ Zip Code 85253-1735

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : C3047354

Amount of Each Receipt this Period
 270.00

SUBTOTAL of Receipts This Page (optional).....▶	316.14
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 64 OF 108
	(check only one)	
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		<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. Chad Coletti Palmer

Mailing Address 10678 E Palm Ridge Dr

City State Zip Code
Scottsdale AZ 85255-1717

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015
Transaction ID : C3047352

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
299.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015
Transaction ID : C3045430

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
C. 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 ▼
299.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015
Transaction ID : C3045460

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 196.14

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 65 OF 108
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	<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. Dhiren Y Patel MD
Full Name (Last, First, Middle Initial)

Mailing Address 1041 Bluestone Dr

City Lititz State PA Zip Code 17543-6900

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

Name of Employer Lancaster Radiology Associates, Ltd. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
06 / 03 / 2015

Transaction ID : C3045387

Amount of Each Receipt this Period
50.00

B. 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 ▼ **600.00**

Date of Receipt
MM / DD / YYYY
06 / 20 / 2015

Transaction ID : C3034235

Amount of Each Receipt this Period
100.00

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 ▼ **299.91**

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

Transaction ID : C3045432

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: (check only one)	PAGE 66 OF 108
	<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. Rita S Patel		Date of Receipt
Mailing Address 3 Ware Rd		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Upper Saddle River	NJ	07458-1919
FEC ID number of contributing federal political committee.		Transaction ID : C3045462
<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="299.91"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Pellerito		Date of Receipt
Mailing Address 24 Monfort Place		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Syosset	NY	11791
FEC ID number of contributing federal political committee.		Transaction ID : C3021968
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
NS-LIJ	Physician	
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) ▼		

Full Name (Last, First, Middle Initial) C. Sean Donovan Pierce		Date of Receipt
Mailing Address 509 48th Ave Apt 2A		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Long Island City	NY	11101-5604
FEC ID number of contributing federal political committee.		Transaction ID : C3045444
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
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="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="303.07"/>
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 67 OF 108
(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. Sean Donovan Pierce
 Mailing Address 509 48th Ave Apt 2A
 City State Zip Code
 Long Island City NY 11101-5604
 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : C3045474
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Frank Pistoia
 Mailing Address 2817 E High Grove Cir
 City State Zip Code
 Zionsville IN 46077-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Radiology Network Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046058
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. George A Pjura JR
 Mailing Address 3703 Stonebridge Dr
 City State Zip Code
 Cape Girardeau MO 63701-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cape Radiology Group 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
 06 / 08 / 2015
Transaction ID : C3025233
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ► 1530.00
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 68 OF 108
	<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. Thomas Bernard Poulton

Mailing Address **Aultman Hospital**
2600 6th St SW

City **Canton** State **OH** Zip Code **44710-1799**

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

Name of Employer **Aultman Hospital** Occupation **Diagnostic Radiologist**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 22 / 2015**

Transaction ID : C3034279

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. Stuart H Prather III

Mailing Address **2220 Edgewood Dr**

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

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

Name of Employer **Brown and Radiology Associates** Occupation **Diagnostic Radiologist**

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 08 / 2015**

Transaction ID : C3025492

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
c. Ori Preis MD

Mailing Address **60 Charlotte Rd**

City **Newton** State **MA** Zip Code **02459-1708**

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

Name of Employer **South Shore Hospital** Occupation **Diagnostic Radiologist**

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 01 / 2015**

Transaction ID : C3045368

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 69 OF 108
(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. Robert S Pyatt JR

Mailing Address 1391 Hearthside Dr

City Chambersburg State PA Zip Code 17202-3389

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

Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : C3046005

Amount of Each Receipt this Period
270.00

Full Name (Last, First, Middle Initial)
B. Joshua B Rafoth MD

Mailing Address 524 Scotts Way

City Augusta State GA Zip Code 30909-3250

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : C3025337

Amount of Each Receipt this Period
500.00

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

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 ▼ **299.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : C3045445

Amount of Each Receipt this Period
23.07

SUBTOTAL of Receipts This Page (optional)..... ► **793.07**

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 70 OF 108
	<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 ▼ **299.91**

Date of Receipt **06 / 25 / 2015**

Transaction ID : C3045475

Amount of Each Receipt this Period **23.07**

B. Sunil Kumar Ram
Full Name (Last, First, Middle Initial)

Mailing Address 12455 N 118th Way

City Scottsdale State AZ Zip Code 85259-2718

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2015**

Transaction ID : C3047350

Amount of Each Receipt this Period **300.00**

C. Krish Ramprasad
Full Name (Last, First, Middle Initial)

Mailing Address 116 Harwicke Rd

City Springfield State PA Zip Code 19064

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047387

Amount of Each Receipt this Period **120.00**

SUBTOTAL of Receipts This Page (optional).....▶	443.07
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 71 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14348 Manderleigh Woods Dr

City State Zip Code
Town and Country MO 63017-8056

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

Name of Employer Occupation
West County Radiological Group Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015
Transaction ID : C3045410

Amount of Each Receipt this Period
42.00

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

Mailing Address 718 Marsh Point Rd

City State Zip Code
Evans GA 30809

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 ▼
333.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015
Transaction ID : C3021503

Amount of Each Receipt this Period
83.34

c. Shawn Dewayne Reesman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31

City State Zip Code
Daniels WV 25832-0031

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

Name of Employer Occupation
Raleigh Radiology 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
06 / 08 / 2015
Transaction ID : C3025512

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 108
	<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. Terry A Reeves

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
Scottsdale AZ 85259-2917

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 ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

Transaction ID : C3047351

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
B. Jeffrey I Reider

Mailing Address 407 Westwood Road

City State Zip Code
Indianapolis IN 46240-2546

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

Name of Employer Occupation
Northwest Radiology Network Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

Transaction ID : C3046059

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. John W Renner

Mailing Address 18363 Calle La Serra

City State Zip Code
Rancho Santa Fe CA 92091-0125

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

Name of Employer Occupation
MEMRAD Medical Group, Inc. Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : C3025508

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 73 OF 108
	<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. Robert A Rhodes III
Full Name (Last, First, Middle Initial)

Mailing Address 1041 Maple Ct

City Athens State GA Zip Code 30606-5746

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

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2015
Transaction ID : C3021535

Amount of Each Receipt this Period 125.00

B. Andrew L Rivard MD
Full Name (Last, First, Middle Initial)

Mailing Address 2500 N State St

City Jackson State MS Zip Code 39216-4500

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

Name of Employer University of Florida Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2015
Transaction ID : C3025515

Amount of Each Receipt this Period 500.00

C. Daniel A Rodgers MD
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Saint Pauls Ln

City Morgantown State WV Zip Code 26505-1503

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

Name of Employer Kanawha Valley Radiologists Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047371

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00

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 74 OF 108
	<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

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

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 ▼ 252.00

Date of Receipt 06 / 11 / 2015
Transaction ID : C3022852

Amount of Each Receipt this Period 42.00

B. Steven Gregory Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 926 River Oak Dr

City North Augusta State SC Zip Code 29841-3282

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

Name of Employer Brown and Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2015
Transaction ID : C3025489

Amount of Each Receipt this Period 500.00

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

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: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2015
Transaction ID : C3045411

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 592.00

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 75 OF 108
	<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. Eric Matthew Rubin

Mailing Address 220 Marcella Ln

City State Zip Code
Media PA 19063-2251

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

Name of Employer Occupation
Southeast Radiology, Ltd. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : C3047388

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
B. Jennifer Lee Rush

Mailing Address 9573 25th Bay St

City State Zip Code
Norfolk VA 23518-1801

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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : C3047339

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Cameron R Saber MD

Mailing Address 129 Merrimac St Unit 15

City State Zip Code
Newburyport MA 01950-2455

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

Name of Employer Occupation
Windsong Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.16

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2015
Transaction ID : C3046021

Amount of Each Receipt this Period
62.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 1182.52

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 76 OF 108
	(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. Philip J Sabri

Mailing Address 727 Orchard Ct

City Chambersburg State PA Zip Code 17201-2864

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

Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : C3046001

Amount of Each Receipt this Period
270.00

Full Name (Last, First, Middle Initial)
B. Patricia H Saluk

Mailing Address 916 Winding Way

City Media State PA Zip Code 19063-1656

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047389

Amount of Each Receipt this Period
120.00

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

Mailing Address 2136 Peacock Lane

City Birmingham State AL Zip Code 35223-1708

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

Name of Employer Advanced Imaging Assoc of AL 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
06 / 27 / 2015

Transaction ID : C3039100

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 77 OF 108
	<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. Ryan N Sauer

Mailing Address Northwest Radiology Network
5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

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

Name of Employer Northwest Radiology Network Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

Transaction ID : **C3046060**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Gregory Jay Schwartzman

Mailing Address 126 Mill Brook Ln

City Media State PA Zip Code 19063-6319

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **C3047390**

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
c. Michael J Seider

Mailing Address 1393 Briarhill Dr

City Akron State OH Zip Code 44333

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

Name of Employer Cancer Care Ltd. Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **C3021965**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1620.00
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 78 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<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. Michele Semin

Mailing Address 1401 W Burr Oaks Rd

City Lincoln State NE Zip Code 68523-9033

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

Name of Employer: Advanced Medical Imaging Radiology Ass
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
06 / 26 / 2015

Transaction ID : C3039075

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ali R Sepahdari MD

Mailing Address 11826 Dorothy St Apt 301

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
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2015

Transaction ID : C3039136

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Christina N Shinaver

Mailing Address 10429 Charter Oaks Dr

City Carmel State IN Zip Code 46032-8304

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

Name of Employer: Evansville Radiology PC
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
06 / 26 / 2015

Transaction ID : C3046061

Amount of Each Receipt this Period
500.00

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 79 OF 108
	<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

A. Leigh S Shuman
Full Name (Last, First, Middle Initial)

Mailing Address 1182 Oakmont Dr

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2015
Transaction ID : C3045384

Amount of Each Receipt this Period
50.00

B. Stephen Nelson Sides
Full Name (Last, First, Middle Initial)

Mailing Address 112 Allen Dr

City New Bern State NC Zip Code 28562-7751

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015
Transaction ID : C3046074

Amount of Each Receipt this Period
80.00

C. Derrick Siebert MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1012

City Wausau State WI Zip Code 54402-1012

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

Name of Employer Radiology Associates of Wausau Occupation Diagnostic and Interventional Radiolog

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2015
Transaction ID : C3017549

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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 80 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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. Stefan M Skalina

Mailing Address 19 Brookside Rd

City Wallingford State PA Zip Code 19086-6208

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : C3047391

Amount of Each Receipt this Period **120.00**

Full Name (Last, First, Middle Initial)
B. Michael S Skulski

Mailing Address Northwest Radiology Network
5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

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

Name of Employer Northwest Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 26 / 2015**

Transaction ID : C3046062

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Timothy C Sloan

Mailing Address 722 Newman Rd

City New Bern State NC Zip Code 28562-5238

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **06 / 29 / 2015**

Transaction ID : C3046075

Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **700.00**

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 81 OF 108
	<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. Damon Randall Soeiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 S Swarthmore Ave
 City Swarthmore State PA Zip Code 19081-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047392
 Amount of Each Receipt this Period 120.00

B. Adam Wayne Specht
 Full Name (Last, First, Middle Initial)
 Mailing Address 3309 Chappell PI
 City Virginia Beach State VA Zip Code 23452-6290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCR, Inc Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047340
 Amount of Each Receipt this Period 333.33

C. Joseph R Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Plush Mill Road
 City Wallingford State PA Zip Code 19086-6018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047393
 Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 573.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 82 OF 108
(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. Larry L Stover MD

Mailing Address 2070 Mustang Chase Dr

City State Zip Code
 Carmel IN 46074-8180

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

Name of Employer Occupation
 Northwest Radiology Network Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046063

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2 Avery St Apt 31A

City State Zip Code
 Boston MA 02111-1017

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

Name of Employer Occupation
 New England Medical Center Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045369

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. Rathan M Subramaniam MD, PhD, M

Mailing Address 16 Wilderfield Ct

City State Zip Code
 Lutherville MD 21093-4758

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

Name of Employer Occupation
 JHU Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : C3018873

Amount of Each Receipt this Period
 250.00

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 83 OF 108
	<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. Niteen N Sukerkar
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 Dewberry Ct
 City Chambersburg State PA Zip Code 17201-2870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : C3046000
 Amount of Each Receipt this Period
 270.00

B. 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: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045370
 Amount of Each Receipt this Period
 100.00

C. 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: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : C3045371
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	470.00
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 84 OF 108
	<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. Richard N Taxin

Mailing Address 5 Hilltop Rd

City State Zip Code
Rose Valley PA 19086-6216

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : C3047394

Amount of Each Receipt this Period
120.00

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

Mailing Address 4045 E Desert Crest Dr

City State Zip Code
Paradise Valley AZ 85253-3942

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 ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : C3047353

Amount of Each Receipt this Period
105.00

Full Name (Last, First, Middle Initial)
c. 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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : C3040659

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 85 OF 108
	(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. Bruce J Thaler
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Front St Ste 800

City Philadelphia State PA Zip Code 19106-3000

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047395

Amount of Each Receipt this Period 120.00

B. Richard John Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 1431 Kemp Bridge Ln

City Chesapeake State VA Zip Code 23320-5056

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : C3047341

Amount of Each Receipt this Period 150.00

C. Jeffrey L Thomasson
Full Name (Last, First, Middle Initial)

Mailing Address 3 Brookside Ln

City Saint Louis State MO Zip Code 63124-1814

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 04 / 2015
Transaction ID : C3045412

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional).....▶	345.00
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 86 OF 108
(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. 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 ▼
299.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015
Transaction ID : C3045422

Amount of Each Receipt this Period
23.07

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 ▼
299.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015
Transaction ID : C3045452

Amount of Each Receipt this Period
23.07

Full Name (Last, First, Middle Initial)
C. James P Trotter JR

Mailing Address 2100 Springdale Drive

City State Zip Code
Columbus GA 31906

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

Name of Employer Occupation
Management services network President

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
06 / 24 / 2015
Transaction ID : C3036473

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1046.14

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 87 OF 108
	(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. Raymond King Tu

Mailing Address 1539 27th St NW

City Washington State DC Zip Code 20007

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

Name of Employer: GWU Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **06 / 03 / 2015**

Transaction ID : **C3018879**

Amount of Each Receipt this Period: **500.00**

Full Name (Last, First, Middle Initial)
B. Marc P Underhill MD

Mailing Address 2445 Glebe St

City Carmel State IN Zip Code 46032-7159

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

Name of Employer: Northwest Radiology Network Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **06 / 26 / 2015**

Transaction ID : **C3046064**

Amount of Each Receipt this Period: **500.00**

Full Name (Last, First, Middle Initial)
C. Forrest Blake Walker MD

Mailing Address 918 Johns Rd

City Augusta State GA Zip Code 30904-6102

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

Name of Employer: Brown and Associates Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **06 / 08 / 2015**

Transaction ID : **C3025486**

Amount of Each Receipt this Period: **500.00**

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

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

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

FOR LINE NUMBER: PAGE 88 OF 108
(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. Lori J Wells

Mailing Address 4563 Ivywood Ct

City Zionsville State IN Zip Code 46077-9421

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

Name of Employer Northwest Radiology 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
06 / 26 / 2015

Transaction ID : C3046065

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Simon Westacott

Mailing Address 1965 Glendower Dr

City Lancaster State PA Zip Code 17601-4945

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2015

Transaction ID : C3045388

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Patrick Noel Weybright

Mailing Address 1234 Mastersonville Rd

City Manheim State PA Zip Code 17545-9461

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2015

Transaction ID : C3045386

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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 89 OF 108
	<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. Burt T Weyhing III
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 Kenwood Rd
 City State Zip Code
 Grosse Pointe Farms MI 48236-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 L. Reynolds & Associates, P.C. Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3025281
 Amount of Each Receipt this Period
 500.00

B. Brian J Wiegel
 Full Name (Last, First, Middle Initial)
 Mailing Address Northwest Radiology
 5901 Technology Center Dr
 City State Zip Code
 Indianapolis IN 46278-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Vincent Hospital Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C3046066
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C3047396
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 90 OF 108
	(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 D Wittry

Mailing Address 10525 Concord School Rd

City State Zip Code
Saint Louis MO 63128-1232

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

Name of Employer Occupation
West County Radiological Group, Inc. Cardiac Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : C3021595

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. William G Wolff

Mailing Address 40 Old Pond Rd

City State Zip Code
Great Neck NY 11023-1031

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

Name of Employer Occupation
Radiology Associates of Main Street Chief

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : C3025330

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Andrew C Wu

Mailing Address 8729 Valentine Ct

City State Zip Code
Raleigh NC 27615-5830

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

Name of Employer Occupation
Wake Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : C3025216

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional).....▶	853.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108
	<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. Clement Yang MD
Full Name (Last, First, Middle Initial)

Mailing Address 555 W 59th St Apt 19E

City New York	State NY	Zip Code 10019-1241
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3045426

Amount of Each Receipt this Period

23.07

B. Clement Yang MD
Full Name (Last, First, Middle Initial)

Mailing Address 555 W 59th St Apt 19E

City New York	State NY	Zip Code 10019-1241
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3045456

Amount of Each Receipt this Period

23.07

C. Mark Ming-Yi Yeh
Full Name (Last, First, Middle Initial)

Mailing Address 330 Cordova St Unit 311

City Pasadena	State CA	Zip Code 91101-4604
------------------	-------------	------------------------

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

Name of Employer Mark M. Yeh MD Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034280

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	96.14
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 92 OF 108
	(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. Mark Ming-Yi Yeh
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Cordova St Unit 311
 City Pasadena State CA Zip Code 91101-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mark M. Yeh MD Inc. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 25 / 2015
Transaction ID : C3036535
 Amount of Each Receipt this Period 500.00

B. Anthony V Zancanaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 11240 Towne Rd
 City Carmel State IN Zip Code 46032-8721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Radiology Network Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2015
Transaction ID : C3046067
 Amount of Each Receipt this Period 500.00

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

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	62073.07

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

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

FOR LINE NUMBER: PAGE 93 OF 108
(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. CANTOR FOR CONGRESS
 Mailing Address PO BOX 17813
 City State Zip Code
 RICHMOND VA 23226
 FEC ID number of contributing federal political committee. **C** C00355461
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : C3046007
 Amount of Each Receipt this Period
 750.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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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 / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : D167082

Amount of Each Disbursement this Period

2738.93

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2738.93

2738.93

**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. THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Mailing Address P.O. BOX 65314

Transaction ID : D166737

City WASHINGTON State DC Zip Code 20036

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contribution to a Leadership PAC

--

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Conservatives Restoring Excellence (CRE-PAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Mailing Address PO BOX 98629

Transaction ID : D166794

City Raleigh State NC Zip Code 27624

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contribution to a Leadership PAC

--

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. LaHood for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Mailing Address PO Box 10735

Transaction ID : D166814

City Peoria State IL Zip Code 61612-0735

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contribution to a Federal Campaign

--

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼
Special Primary

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

9	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	5	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)

<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. Democratic Senatorial Campaign Committee		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 120 Maryland Ave NE		Transaction ID : D166735
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Contribution to a National Committee	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 120 Maryland Ave NE		Transaction ID : D166736
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Contribution to a National Committee	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JET PAC		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address PO Box 2385		Transaction ID : D166810
City Ottawa	State IL	
Zip Code 61350	Purpose of Disbursement Contribution to a Leadership PAC	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12000.00
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. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

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: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : D167080

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contribution to a Leadership PAC

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
06 / 29 / 2015

Transaction ID : D166809

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : D166817

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Andy Harris

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : D166733

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. 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 Ruppensberger

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : D166734

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Charles W. Boustany Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : D166738

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	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)

<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. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. David Scott

Office Sought: House
 Senate
 President
State: GA District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : **D166730**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. PEOPLE FOR DEREK KILMER

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Derek Kilmer

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : **D166815**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Evan Jenkins

Office Sought: House
 Senate
 President
State: WV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : **D166813**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	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)

<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. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Gregg Harper

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MS District: 03

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166808

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
Voided Check

Candidate Name
Rep. Jackie Walorski

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : D166727

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Jackie Walorski

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : D166728

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

**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. 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
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : D166726

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City HICKORY State NC Zip Code 28603

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Patrick T. McHenry

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : D166797

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Pete Olson

Office Sought: House
 Senate
 President
State: TX District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : D166732

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	0	0	0	0	0	0	0	0	0
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8	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)

<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: 2016
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D166816

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D166793

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Rodney Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2015

Transaction ID : D167077

Amount of Each Disbursement this Period

1500.00

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

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

8000.00

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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)

<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. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Ron Kind

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : **D167079**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Ryan A. Costello

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : **D166812**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON State MD Zip Code 20005

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : **D166807**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	5	0	0	.	0	0
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6	5	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)

<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. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Todd Young

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166795

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Todd Young

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166796

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Tom Reed

Office Sought: House Senate President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166791

Amount of Each Disbursement this Period

1500.00

Category/
Type

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

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

11500.00

**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. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Jerry Moran

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KS District: 00

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166799

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. John Boozman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AR District: 00

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166803

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Johnny Isakson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 00

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : D166800

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

**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. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Rob Portman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D166798

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Rob Portman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D167081

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Sen. Roy Blunt

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D166801

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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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)

<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. VINE PAC

Mailing Address 413 New Jersey Ave

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: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : D166792

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

96500.00