

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

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00343459		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Prevail Strategies, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2026		
Mailing Address 808 N Irena Ave			Amount 34461.48		
City Redondo Beach		State CA	Zip Code 90277-2224		Transaction ID : EB8DB273995ED4E8EB98
Purpose of Expenditure Mail Marketing for Julia Letlow for Louisiana Louisiana Senate Primary Runoff			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Letlow, Julia, , Rep.,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			69999.85		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ► _____
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ► 34461.48 (b) SUBTOTAL of Unitemized Independent Expenditures ► (c) TOTAL Independent Expenditures..... ► 34461.48					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Scanlon, Mary, H, Dr., MD, FACR</i>			Date M M / D D / Y Y Y Y Y Y 06 / 15 / 2026		