

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 M / D D D / Y Y Y Y Y Y		
Full Name of Payee Prevail Strategies, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2026		
Mailing Address 808 N. Irena Unit B			Amount 29464.00		
City Redondo Beach		State CA	Zip Code 90277		Transaction ID : E9BF5B82C63664F7CA24 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure Mail Marketing for DR SAM FOR CONGRESS		Category/ Type			
Name of Federal Candidate McCown, Sam, , Dr.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		97958.34		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D 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..... ▶			29464.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			29464.00		
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 Scanlon, Mary, H, Dr., MD, FACR			Date M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2026		