

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 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee WHISTLESTOP STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 23150 Fashion Dr. Ste. 231			Amount 72642.30		
City State Zip Code Estero FL 33928-2568		Transaction ID : EBB1623C8F3EA4F4FA49 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure printed mail marketing for Sen. Marsha Blackburn		Category/ Type			
Name of Federal Candidate Blackburn, Marsha, , Sen.,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		72642.30		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶ 72642.30 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 72642.30					
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. Scanlon, Mary, H, Dr., MD, FACR _____ Signature Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2024 M M / D D / Y Y Y Y Y Y					