

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street)

1891 Preston White Drive

Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Scanlon, Mary, F., MD, FACR

Type or Print Name of Treasurer

Signature of Treasurer

Scanlon, Mary, F., MD, FACR

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		918586.30
(b) Cash on Hand at Beginning of Reporting Period.....	953240.39	
(c) Total Receipts (from Line 19)	114836.78	936989.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1068077.17	1855575.63
7. Total Disbursements (from Line 31)	458442.34	1245940.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	609634.83	609634.83
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. 05/2016)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2018

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2018
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).....

104836.78

868136.86

(ii) Unitemized

0.00

40852.47

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

104836.78

908989.33

(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)

104836.78

908989.33

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.....

10000.00

28000.00

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))

114836.78

936989.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

114836.78

936989.33

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	382.34	8726.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	382.34	8726.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	137500.00	797000.00
24. Independent Expenditures (use Schedule E)	320560.00	430214.68
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	10000.00
(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	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	458442.34	1245940.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	458442.34	1245940.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	104836.78	908989.33
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104836.78	898989.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	382.34	8726.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	382.34	8726.12

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 204
(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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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aamodt, David, , MD

Mailing Address 1805 Emerson Ave S

City
MinneapolisState
MNZip Code
55403-2911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
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
09		12		2018

Transaction ID : C3782864

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aassar, Ole, Sami, ,

Mailing Address 1031 Ardsley Rd

City
CharlotteState
NCZip Code
28207-1815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : C3790438

Amount of Each Receipt this Period

402.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abeln, Ellen, L, ,

Mailing Address 9 Blue Jay Ln

City
Saint PaulState
MNZip Code
55127-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.Occupation (for Individual)
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
09		12		2018

Transaction ID : C3782865

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1402.00

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adler, Cameron, , , MD

Mailing Address 4612 E Michelle Dr

City
Phoenix

State
AZ

Zip Code
85032-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic School of Graduate Medical

Occupation (for Individual)

Diagnostic Radiology Resident

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

09 / 14 / 2018

Transaction ID : C3774855

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Agola, John, C, ,

Mailing Address 1412 Hickman Dr

City

Virginia Beach

State

VA

Zip Code

23452-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Center Radiologists, I

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3790534

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Albert, Arthur, S, ,

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 13 / 2018

Transaction ID : C3786925

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

332.86

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Albert, Arthur, S, ,

Mailing Address 124 W 60th St Apt 45

City
New YorkState
NYZip Code
10023-7402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	27	2018

Transaction ID : C3786965

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allen, Leighton, Chase, , JRMailing Address Greenville Radiology PA
1210 W Faris RdCity
GreenvilleState
SCZip Code
29605-4444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMG RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	30	2018

Transaction ID : C3782739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alline, Michael, J, ,Mailing Address Jefferson Radiology Associates
1111 Medical Center Blvd Ste 108City
MarreroState
LAZip Code
70072-3192FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ 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
09	26	2018

Transaction ID : C3781097

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

287.86

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alpers, Josie, Ruth, ,

Mailing Address 6609 E Split Rock Cir

City

Sioux Falls

State

SD

Zip Code

57110-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Avera

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3781496

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alson, Mark, David, , MD, FACR

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sierra Imaging Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2014

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3781445

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Amorosa, Judith, K, ,

Mailing Address Robert Wood Johnson Med Sch

1 Robert Wood Johnson Pl

City

New Brunswick

State

NJ

Zip Code

08901-1966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790369

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1325.00

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 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. An, Jane, , MD

Mailing Address 6 Rose Clf

City
Farmington

State
CT

Zip Code
06032-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786926

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. An, Jane, , MD

Mailing Address 6 Rose Clf

City
Farmington

State
CT

Zip Code
06032-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786966

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Angel, Jacqueline, D, , BS

Mailing Address 594 West Dr

City
Memphis

State
TN

Zip Code
38112-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT/Methodist Healthcare

Occupation (for Individual)
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3775445

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

33.52

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 11 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Angel, Wesley, A., MD

Mailing Address **Memphis Radiological PC**
7695 Poplar Pike

City
Germantown

State
TN

Zip Code
38138-5947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MRPC

Occupation (for Individual)
Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

09 / 16 / 2018

Transaction ID : C3775446

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Applewhite, Thomas, A.,

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 (for Individual)
West County Radiological Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780835

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Asinger, David, A.,

Mailing Address **11330 Parkside Trl**

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782866

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

675.00

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bania, Merita, Ann, ,

Mailing Address 404 E 76th St Apt 10B

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Richmond Hill Radiology

Occupation (for Individual)
NeuroRadiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2018

Transaction ID : C3777573

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barbarisi, Marchello, Joseph, ,

Mailing Address 415 City Ave Apt 13

City

Merion Station

State

PA

Zip Code

19066-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of the Main Line

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790425

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barboza, Ricardo, B, ,

Mailing Address 116 N Columbus St Apt C

City

Lancaster

State

OH

Zip Code

43130-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790495

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

465.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barke, Lora, Duyan, ,

Mailing Address 9091 Prairie Sky Lane

City

Lone Tree

State

CO

Zip Code

80124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cook County Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780948

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barke, Lora, Duyan, ,

Mailing Address 9091 Prairie Sky Lane

City

Lone Tree

State

CO

Zip Code

80124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cook County Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780969

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Barry, Joseph, Michael, , MD

Mailing Address 161 Nathan Ln

City

Carlisle

State

MA

Zip Code

01741-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Commonwealth Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 17 / 2018

Transaction ID : C3775459

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barth, Richard, , ,

Mailing Address 418 Yerba Santa Ave

City
Los AltosState
CAZip Code
94022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford UniversityOccupation (for Individual)
Physician

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
09	/	30	/	2018

Transaction ID : C3782744

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bartz, Brett, H, , Dr.

Mailing Address 1985 Bent Creek Dr

City
Colorado SpringsState
COZip Code
80921-5002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780949

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bartz, Brett, H, , Dr.

Mailing Address 1985 Bent Creek Dr

City
Colorado SpringsState
COZip Code
80921-5002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780970

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

530.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Basak, Sandip, , ,

Mailing Address 15 Banyan Rd

City
Skillman

State
NJ

Zip Code
08558-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3790401

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beavers, Kimberly, M, , MD

Mailing Address 1711 Lake Waumpi Dr

City

Winter Park

State

FL

Zip Code

32789-0905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Florida Hospital

Occupation (for Individual)

Diagnostic Radiology Resident

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3781446

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bechtel, Mark, Henry, ,

Mailing Address Suburban Radiologic Consultants

4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1191

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Wisconsin Hosp & Clinic

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782867

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

755.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Becker, Lance, J, ,

Mailing Address 1405 Wesleys Run

City
Gladwyne

State
PA

Zip Code
19035-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780811

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Becker, Murray, David, ,

Mailing Address 56 Independence Dr

City
East Brunswick

State
NJ

Zip Code
08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790370

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bell, Thomas, C, ,

Mailing Address Radiology of Huntsville, PC
2006 Franklin St SE Ste 200

City
Huntsville

State
AL

Zip Code
35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology of Huntsville

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3781936

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

620.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benshoff, Ericha, R, ,

Mailing Address 5827 Rivoli Dr

City
Macon

State
GA

Zip Code
31210-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Assoc of Macon

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2018

Transaction ID : C3775440

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berliner, Jessica, , ,

Mailing Address 3 Welwyn Pl

City
Richmond

State
VA

Zip Code
23229-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780860

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bernauer, Timothy, Andrew, ,

Mailing Address 13 Pintail Place

City
Appleton

State
WI

Zip Code
54913-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of Appleton

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1770.00

Date of Receipt

09 / 26 / 2018

Transaction ID : C3780913

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

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

710.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bertozzi, John, C., , Dr.

Mailing Address 2915 W Wallcraft Ave

City
Tampa

State
FL

Zip Code
33611-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Radiology Associates of St. Petersburg

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2018

Transaction ID : C3775447

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beskin, Robert, R., ,

Mailing Address 12218 Country Hills Ter

City
Glen Allen

State
VA

Zip Code
23059-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Commonwealth Radiology PC

Occupation (for Individual)

Neuroradiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780861

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Binstock, Aaron, Joseph, ,

Mailing Address 17233 74th Pl N

City
Maple Grove

State
MN

Zip Code
55311-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782868

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

765.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Biswal, Rajiv, , ,

Mailing Address **Jersey Shore Univ Med Ctr**
1945 Corlies Ave

City
Neptune

State
NJ

Zip Code
07753-4896

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jersey Shore Radiologists PA

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790371

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blum, Justin, Tyler, , MD

Mailing Address **11 Kershaw Road**

City
Wallingford

State
PA

Zip Code
19086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3780812

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bodner, Leonard, J, ,

Mailing Address **335 N 4th Ave**

City
Highland Park

State
NJ

Zip Code
08904-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790372

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

620.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boghosian, Garen, , , Dr.

Mailing Address 35 Wellesley Rd

City

Swarthmore

State

PA

Zip Code

19081-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Radiology Associates of the Main Line

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

09 / 10 / 2018

Transaction ID : C3790426

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bogomol, Adam, Russell, ,

Mailing Address 10 W End Ave Apt 10K

City

New York

State

NY

Zip Code

10023-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 13 / 2018

Transaction ID : C3786927

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bogomol, Adam, Russell, ,

Mailing Address 10 W End Ave Apt 10K

City

New York

State

NY

Zip Code

10023-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 27 / 2018

Transaction ID : C3786967

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

55.72

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bonn, Joseph, , ,

Mailing Address 456 Margo Ln

City
BerwynState
PAZip Code
19312-1460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson Univ HospOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790427

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boros, Meghan, , , MD

Mailing Address 600 S 24th St Unit 201

City
PhiladelphiaState
PAZip Code
19146-1061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780813

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brace, Jeffrey, Rex, ,

Mailing Address 3917 Shady Oak Rd

City
MinnetonkaState
MNZip Code
55305-5105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Minnesota School of MediOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782869

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

640.00

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

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

FOR LINE NUMBER: PAGE 22 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bramlette, James, G S, ,

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City
 River Edge

State
 NJ

Zip Code
 07661-1931

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Information Requested

Occupation (for Individual)
 Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2018

Transaction ID : C3786928

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bramlette, James, G S, ,

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City
 River Edge

State
 NJ

Zip Code
 07661-1931

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Information Requested

Occupation (for Individual)
 Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2018

Transaction ID : C3786968

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brannon, Michael, Hamilton, ,

Mailing Address 114 Holland Trace Cir

City
 Simpsonville

State
 SC

Zip Code
 29681-5869

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Greenville Radiology

Occupation (for Individual)
 Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2018

Transaction ID : C3782740

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

60.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brecher, Chad, William, ,

Mailing Address 235 S Wayne Ave

City
WayneState
PAZip Code
19087-4820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3780814

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brenneman, Janice, K, ,Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City

Englewood

State
COZip Code
80112-3861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780950

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brenneman, Janice, K, ,Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City

Englewood

State
COZip Code
80112-3861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780971

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

140.00

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 24 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bressler, Eric, L, ,

Mailing Address 2465 Crowne Hill Road

City
Minnetonka

State
MN

Zip Code
55305-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782870

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brooks, Thomas, Andrew, ,

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 (for Individual)
Lancaster Radiology Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768898

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, James, H, ,

Mailing Address 330 E 38th St Apt 41E

City
New York

State
NY

Zip Code
10016-2786

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Physician

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
09 / 12 / 2018

Transaction ID : C3790353

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

785.00

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 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Wendy, Ann, ,

Mailing Address 724 Botetourt Gdns

City
Norfolk

State
VA

Zip Code
23507-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790548

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burge, Holly, J, ,

Mailing Address 14248 Wyndfield Circle

City
Raleigh

State
NC

Zip Code
27615-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787008

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burn, Alexander, , , MD

Mailing Address 1304 Ellis Dr
PO Box 981

City
Glen Mills

State
PA

Zip Code
19342-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780815

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 204

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Judah, , Dr.

Mailing Address 61 Hallberg Ave

City
BergenfieldState
NJZip Code
07621-2615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	D D	Y Y Y Y
09	30	2018

Transaction ID : C3782745

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bussey, Brian, James, ,Mailing Address Vanderbilt Univ Medical Center
1161 21st Ave SCity
NashvilleState
TNZip Code
37232-2675FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical CenterOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M	D D	Y Y Y Y
09	14	2018

Transaction ID : C3774856

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cameron, John, David, ,

Mailing Address 6519 Patterson Ave

City
RichmondState
VAZip Code
23226-3033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth RadiologyOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
09	12	2018

Transaction ID : C3780862

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

355.00

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 27 OF 204

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, John, Neil, ,

Mailing Address 1416 Watersedge Dr

City
Virginia Beach

State
VA

Zip Code
23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists, Inc.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790535

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Caravello, Anthony, Joseph, ,

Mailing Address 30 Harvestview Dr

City
Monroe

State
NJ

Zip Code
08831-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

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
09 / 12 / 2018

Transaction ID : C3790341

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carroll, Michael, R, , III

Mailing Address Jersey Shore Radiology Assoc
2100 Corlies Ave

City
Neptune

State
NJ

Zip Code
07753-6116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jersey Shore Radiology Assoc

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790373

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castellano, Frank, Michael, , MD

Mailing Address 7158 Tumblebrook Dr

City
New AlbanyState
OHZip Code
43054-8828FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
09	16	2018

Transaction ID : C3790496

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Censullo, Michael, Louis, ,

Mailing Address 3 Toth Ln

City
Rocky HillState
NJZip Code
08553-1025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Texas Medical SchoolOccupation (for Individual)
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
09	12	2018

Transaction ID : C3790374

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chaconas, Christina, Marie, ,

Mailing Address 3908 Foxcroft Rd

City
CharlotteState
NCZip Code
28211-3757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M	D D	Y Y Y Y
09	07	2018

Transaction ID : C3790439

Amount of Each Receipt this Period

756.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1406.00

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 29 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chai, Bob, B., , Dr.

Mailing Address 1669 Woodbine St

City
Queens

State
NY

Zip Code
11385-3546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790352

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chaise, Laurence, S., ,

Mailing Address 20 Washington Ave

City

Morganville

State

NJ

Zip Code

07751-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790375

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chambers, Mark, Aaron, , MD

Mailing Address 1925 Roth Dr

City

Saint Louis

State

MO

Zip Code

63131-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West County Radiological Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780836

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

575.00

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 204

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chang, C, Peter, ,

Mailing Address 7113 Fairway Vista Dr

City
CharlotteState
NCZip Code
28226-6870FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology, P.A.Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790440

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chen, Anna, Ming, ,

Mailing Address 70 Lanoche Ct

City
WilliamsvilleState
NYZip Code
14221-1977FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology GroupOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790244

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cheran, Sendhil, K, , Dr.

Mailing Address 108 Whisperwood Dr

City
CaryState
NCZip Code
27518-9120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake RadiologyOccupation (for Individual)
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
09 / 28 / 2018

Transaction ID : C3787009

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

878.52

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cheruvu, Raja, Sekhar, , MD

Mailing Address 47 Sanctuary Ct

City
Williamsville

State
NY

Zip Code
14221-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2018

Transaction ID : C3770093

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cheruvu, Raja, Sekhar, , MD

Mailing Address 47 Sanctuary Ct

City
Williamsville

State
NY

Zip Code
14221-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790245

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chiu-Serodio, Lai-No, , ,

Mailing Address PO Box 8

City
Franklin Park

State
NJ

Zip Code
08823-0008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790376

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

375.02

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

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

FOR LINE NUMBER: PAGE 32 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chu, Regina, Wong, ,

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786929

Amount of Each Receipt this Period

9.26

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chu, Regina, Wong, ,

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786969

Amount of Each Receipt this Period

9.26

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clemente, Jonathan, Daniel, ,

Mailing Address 1620 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charlotte Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☒
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790441

Amount of Each Receipt this Period

756.00

☐

Memo Item

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

774.52

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 33 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coates, George, Glenn, ,

Mailing Address Wake Radiology & Consultants
PO Box 19368

City
Raleigh

State
NC

Zip Code
27619-9368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology & Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3787010

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Colford, John, William, , MD

Mailing Address 7470 Chanhassen Rd

City

Chanhassen

State

MN

Zip Code

55317-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782871

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Collazo-Ornes, Pedro, , ,

Mailing Address 3 Nairn St Cond Oceanica Apt 9

City

San Juan

State

PR

Zip Code

00907-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SP RADIOLOGY, PSC

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2018

Transaction ID : C3775448

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

720.00

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

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Collazzo, Lisa, Ann, ,

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 (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780816

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Colvin, Richard, S, ,

Mailing Address 3747 Peachtree Rd NE Apt 1119

City
Atlanta

State
GA

Zip Code
30319-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Physician

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2018

Transaction ID : C3775025

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conaway, Jeffrey, Ralph, ,

Mailing Address 14575 Granada Cir

City
Overland Park

State
KS

Zip Code
66224-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Imaging Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3781946

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

220.00

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 204

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conklin, Peter, C., ,

Mailing Address 1073 Rosemary Ct

City
Chaska

State
MN

Zip Code
55318-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782872

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cook, Douglas, E., ,

Mailing Address 217 Amphill Rd

City
Richmond

State
VA

Zip Code
23226-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780863

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cook, Glenn, Clyde, ,

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

City
Scottsdale

State
AZ

Zip Code
85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale Medical Imaging

Occupation (for Individual)
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
09 / 20 / 2018

Transaction ID : C3790484

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cormier, Kevin, C, , MD

Mailing Address 406 Ivy Bnd

City
BlairsvilleState
GAZip Code
30512-1405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tennessee Interventional & Imaging Ass

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	22	2018

Transaction ID : C3779946

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cornett, Joseph, B, ,

Mailing Address 113 Arrowstone Ct

City
MorrisvilleState
NCZip Code
27560-6977FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	28	2018

Transaction ID : C3787011

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Couture, Patrick, , ,

Mailing Address 2009 21st Ave S Apt 101

City
NashvilleState
TNZip Code
37212-4341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical CenterOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	14	2018

Transaction ID : C3774857

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

150.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 204
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crook, Sue, A, ,

Mailing Address 4429 Harbor Place Dr

City
Shoreview

State
MN

Zip Code
55126-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782873

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crummy, Timothy, Andrew, , MD, FACR

Mailing Address 2509 Middleton Beach Rd

City
Madison

State
WI

Zip Code
53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MRSC

Occupation (for Individual)
Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3770992

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cusic, Ryan, Christopher, , MD

Mailing Address 2900 Thomas Ave S Apt 2129

City
Minneapolis

State
MN

Zip Code
55416-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782874

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1030.42

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 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Czuczman, Gregory, , , Dr.

Mailing Address 10186 E Fair Cir

City
Englewood

State
CO

Zip Code
80111-5450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780951

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Czuczman, Gregory, , , Dr.

Mailing Address 10186 E Fair Cir

City
Englewood

State
CO

Zip Code
80111-5450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780972

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dagnawala, Naznin, , , MD

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City
River Edge

State
NJ

Zip Code
07661-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786930

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

59.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Daginawala, Naznin, , , MDMailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200City
River EdgeState
NJZip Code
07661-1931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3786970

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dangleis, Keith, C, ,

Mailing Address 2515 S Cook St

City
DenverState
COZip Code
80210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780952

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dangleis, Keith, C, ,

Mailing Address 2515 S Cook St

City
DenverState
COZip Code
80210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780973

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.72

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dawson-Jones, Lanita, M, ,

Mailing Address 1201 Queen Peggy Ln

City
Lewisville

State
TX

Zip Code
75056-5808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Radiology Group/Aris Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3771208

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De Filipp, Gary, J, ,

Mailing Address Charlotte Radiology PA
1705 East Blvd

City
Charlotte

State
NC

Zip Code
28203-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology PA

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790442

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. de la Vega, Raul, S, , III

Mailing Address 2936 Grampian Dr

City
Gastonia

State
NC

Zip Code
28054-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shelby Radiological Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2018

Transaction ID : C3775315

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

826.00

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

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

FOR LINE NUMBER: PAGE 41 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeCesare, Brian, Francis, , Dr.

Mailing Address 7433 W Shore Dr

City
Edina

State
MN

Zip Code
55435-4064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiology Associates

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782875

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DeMeritt, John, S, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786931

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DeMeritt, John, S, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786971

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

535.72

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

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

FOR LINE NUMBER: PAGE 42 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dixon, Mark, Shepherd, , Dr.

Mailing Address 19 Robin Rd

City
Richmond

State
VA

Zip Code
23226-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780864

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dobzyniak, Christopher, , , Dr.

Mailing Address 4010 Richardson Rd

City
Virginia Beach

State
VA

Zip Code
23455-5609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists Inc.

Occupation (for Individual)
Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3790536

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donald, Bryan, Mackenzie, , MD

Mailing Address 4915 York Ave S

City
Minneapolis

State
MN

Zip Code
55410-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782876

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dravid, Vikram, S, ,

Mailing Address 3005 Lovell Ave

City
BroomallState
PAZip Code
19008-1209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bryn Mawr Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : C3790428

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dufour, Jean, M, ,

Mailing Address 9517 Cragmont Drive

City
RichmondState
VAZip Code
23229-7612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.Occupation (for Individual)
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
09		12		2018

Transaction ID : C3780865

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dungan, David, H, ,

Mailing Address 940 Front Range Rd

City
LittletonState
COZip Code
80120-4007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780953

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

289.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dungan, David, H, ,

Mailing Address 940 Front Range Rd

City
LittletonState
COZip Code
80120-4007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780974

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dunleavy, Jason, Dana, , Dr.

Mailing Address 7060 Mystic Ct

City
Clarence CenterState
NYZip Code
14032-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : C3790246

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edwards, Teresa, M, , MD

Mailing Address 301 Elizabeth St Apt 8U

City
New YorkState
NYZip Code
10012-2851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3790402

Amount of Each Receipt this Period

175.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

256.75

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 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Einhorn, Robert, , ,

Mailing Address 8 Point of Woods Drive

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3790403

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emy, Margaret, Y, ,

Mailing Address 245 Oxford Dr

City

Tenaflly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786932

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Emy, Margaret, Y, ,

Mailing Address 245 Oxford Dr

City

Tenaflly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786972

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

268.52

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 46 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Enochs, William, Scott, ,

Mailing Address 230 Poplar Ave

City
Wayne

State
PA

Zip Code
19087-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson University Ho

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790429

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Epstein, Richard, William, ,

Mailing Address 118 Updikes Mill Rd

City

Belle Mead

State
NJ

Zip Code
08502-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson Univ Hosp

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790404

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Epstein, Robert, E, , MD

Mailing Address 579A Cranbury Road

City

East Brunswick

State
NJ

Zip Code
08816-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790405

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

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 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Everett, Catherine, J, , MD, MBA, F

Mailing Address 812 Madam Moores Ln

City
New Bern

State
NC

Zip Code
28562-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coastal Radiology

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2018

Transaction ID : C3779947

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FALCON, HUGO, , , JR

Mailing Address 412 HERRINGTON DRIVE NE

City
ATLANTA

State
GA

Zip Code
30342-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diagnostic Imaging Specialists, PA

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780845

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fan, X, Cynthia, ,

Mailing Address Windsong Radiology

City
Williamsville

State
NY

Zip Code
14221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790247

Amount of Each Receipt this Period

62.52

☐ Memo Item

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

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

247.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 204

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fazekas, Jessica, , ,

Mailing Address 219 4th St S

City
BrigantineState
NJZip Code
08203-2521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3780817

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fearnow, Edgar, Cecil, , III

Mailing Address 684 Goose Neck Dr

City
LititzState
PAZip Code
17543-6618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lancaster Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : C3768899

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Feinstein, Alex, , ,

Mailing Address 663 Oakwood Ln

City
LancasterState
PAZip Code
17603-2465FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lancaster Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : C3768900

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 204

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferrone, George, Joseph, ,

Mailing Address 552 Dale Ct E

City
River ValeState
NJZip Code
07675-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : C3786933

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ferrone, George, Joseph, ,

Mailing Address 552 Dale Ct E

City
River ValeState
NJZip Code
07675-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3786973

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Finch, Nathan, W, , MDMailing Address 802 Mt. Carmel Rd.
Box 800170City
OrrtannaState
PAZip Code
17353FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chambersburg Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09		19		2018

Transaction ID : C3777936

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

85.72

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fisher, Adam, Robert, ,

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 (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780818

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fisher, Andrew, Joel, ,

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City
Englewood

State
CO

Zip Code
80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

153.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780954

Amount of Each Receipt this Period

9.61

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fisher, Andrew, Joel, ,

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City
Englewood

State
CO

Zip Code
80112-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

153.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780975

Amount of Each Receipt this Period

9.61

☐ Memo Item

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

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

139.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fitzpatrick, Maurice, , ,

Mailing Address 151 Grayson Dr

City
Belle MeadState
NJZip Code
08502-4932FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09		12		2018

Transaction ID : C3790377

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fleishman, Matthew, J, ,

Mailing Address 831 S Williams St

City
DenverState
COZip Code
80209-4540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780955

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fleishman, Matthew, J, ,

Mailing Address 831 S Williams St

City
DenverState
COZip Code
80209-4540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780976

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

288.46

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flug, Jonathan, , , Dr.

Mailing Address 11658 East Bloomfield Drive

City
Scottsdale

State
AZ

Zip Code
85259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : C3779260

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flynn, Daniel, Edward, ,

Mailing Address 110 The Ter

City

Sea Girt

State

NJ

Zip Code

08750-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3790345

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Foster, Sarah, Jeanmarie, , Dr.

Mailing Address 1408 E Union St Apt 502

City

Seattle

State

WA

Zip Code

98122-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786934

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

344.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foster, Sarah, Jeanmarie, , Dr.

Mailing Address 1408 E Union St Apt 502

City
SeattleState
WAZip Code
98122-4208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : C3786974

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foti, Anthony, M, ,

Mailing Address 9717 Garden Walk

City

Clarence Center

State
NYZip Code
14032-9427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Windsong Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : C3790248

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fox, Jason, Hilton, ,

Mailing Address 5005 Rosalind Ln

City

Powell

State
OHZip Code
43065-8261FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hofheimer Hall Suite 541

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ 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
09	/	16	/	2018

Transaction ID : C3790497

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

471.78

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

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

FOR LINE NUMBER: PAGE 54 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Freeman, Jeffrey, James, , Dr.

Mailing Address 2241 Tatton Hall Rd

City
Fort Mill

State
SC

Zip Code
29715-0044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BANNER HEALTH

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2018

Transaction ID : C3779948

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Frerichs, Thomas, Roger, ,

Mailing Address 685 Shadyview Ln N

City
Minneapolis

State
MN

Zip Code
55447-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782877

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Friedberg, Eric, Brian, , MD, FACR

Mailing Address 2000 Tavistock Ct

City
Johns Creek

State
GA

Zip Code
30022-8079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2018

Transaction ID : C3790527

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

685.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Friedland, Jeffrey, A, ,

Mailing Address 21 Garfield St

City
DenverState
COZip Code
80206-5514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780956

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Friedland, Jeffrey, A, ,

Mailing Address 21 Garfield St

City
DenverState
COZip Code
80206-5514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780977

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gamss, Rebecca, , , MD

Mailing Address 40 Dudley Dr

City
BergenfieldState
NJZip Code
07621-2614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : C3786935

Amount of Each Receipt this Period

9.26

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

47.72

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 56 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gamss, Rebecca, , , MD

Mailing Address 40 Dudley Dr

City
BergenfieldState
NJZip Code
07621-2614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786975

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gardella, Dean, , , Dr.

Mailing Address 2126 NE 17th Ave

City
PortlandState
ORZip Code
97212-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786936

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gardella, Dean, , , Dr.

Mailing Address 2126 NE 17th Ave

City
PortlandState
ORZip Code
97212-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786976

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

27.78

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. George, Michael, John, ,

Mailing Address 1620 John St. S

City
Salem

State
OR

Zip Code
97302-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Salem Radiology Consultants

Occupation (for Individual)
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
09 / 29 / 2018

Transaction ID : C3782727

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Girgis, Wahid, S, ,

Mailing Address 172 Harvard Oval

City
Freehold

State
NJ

Zip Code
07728-5392

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMDNJ-Robert Wood Johnson Hosp

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790406

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goldman, Jeffrey, P, ,

Mailing Address 86 Highwood Ave

City
Tenafly

State
NJ

Zip Code
07670-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790378

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

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

925.00

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldschmidt, Robert, A, ,

Mailing Address 8947 Cherokee Rd

City
Richmond

State
VA

Zip Code
23235-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology PC

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780866

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez-Araiza, Guillermo, , , MD

Mailing Address 4235 McRee Ave

City
Saint Louis

State
MO

Zip Code
63110-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West County Radiological Group, Inc

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780837

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goodman, Eric, Todd, , MD

Mailing Address 8933 Activity Rd

City
San Diego

State
CA

Zip Code
92126-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sharp Rees-Stealy Medical Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3780914

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00

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

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Andrew, Ryan, , MD

Mailing Address 150 Glenwood Road

City
Haddonfield

State
NJ

Zip Code
08033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3780819

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Granata, Lauren, Thomson, , 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 (for Individual)
Medical Center Radiologists

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3790537

Amount of Each Receipt this Period

252.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grande, William, J, , Dr.

Mailing Address 3059 S Cook St

City
Denver

State
CO

Zip Code
80210-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780957

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

397.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grande, William, J, , Dr.

Mailing Address 3059 S Cook St

City
DenverState
COZip Code
80210-6511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780978

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Greiwe, Alison, C, , Dr.

Mailing Address 707 Myrtle Ave

City
Terrace ParkState
OHZip Code
45174-1228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : C3780915

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gress, Robert, Eugene, ,

Mailing Address 465 Bridge Valley Rd

City
PequeaState
PAZip Code
17565-9304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lancaster Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : C3768901

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

135.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gribbin, Christopher, Eric, ,

Mailing Address 163 Brookstone Drive

City
Princeton

State
NJ

Zip Code
08540-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790346

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gross, Steven, C, ,

Mailing Address 1900 Quimby Lane

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790407

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grygotis, Laura, Anne, ,

Mailing Address University Radiology Group
PO Box 1075

City

Middletown

State

NJ

Zip Code

07748-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790379

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gullotto, Carmelo, , ,

Mailing Address 3201 Twin Leaf Dr

City
Raleigh

State
NC

Zip Code
27613-6577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
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
09 / 28 / 2018

Transaction ID : C3787012

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gustafson, Kevin, David, ,

Mailing Address 10594 Estate Dr

City
Eden Prairie

State
MN

Zip Code
55347-4862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Conslts

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782878

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Haas, David, K, , MD, FACR

Mailing Address 2110 Homeview ct

City
Las Vegas

State
NV

Zip Code
89117-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sdmi

Occupation (for Individual)
Physian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2018

Transaction ID : C3779958

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

645.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haddad, Labib, Fouad, ,

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 (for Individual)
West County Radiological Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780838

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haggerty, Jay, Ezra, , MD

Mailing Address 17153 90th PI N

City

Maple Grove

State

MN

Zip Code

55311-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782879

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hahn, Heather, Griffith, , MD

Mailing Address 209 Thoreau Ct

City

Landenberg

State

PA

Zip Code

19350-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780820

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

670.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Han, Gene, , MD

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City
River Edge

State
NJ

Zip Code
07661-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786937

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Han, Gene, , MD

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City
River Edge

State
NJ

Zip Code
07661-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786977

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hancock, Craig, Edward, ,

Mailing Address Associated Radiologists Ltd
1201 S Alma School Rd Ste 14000

City
Mesa

State
AZ

Zip Code
85210-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790473

Amount of Each Receipt this Period

320.00

☐ Memo Item

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

355.72

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hanhan, Stephanie, Beale, , Dr.

Mailing Address 4 Bucks Mill Ln

City
Holmdel

State
NJ

Zip Code
07733-1756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790408

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harbury, Olin, L, ,

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City
Charlotte

State
NC

Zip Code
28211-4867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Hospital

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790443

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harrigan, John, Thomas, ,

Mailing Address 69 Harvard Ave

City
Point Pleasant Beach

State
NJ

Zip Code
08742-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jersey Shore Radiology Assoc

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790380

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1181.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 204

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haste, Adam, Kyle, , MD

Mailing Address 931 E 1st Ave Apt 301

City
BroomfieldState
COZip Code
80020-3720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Synergy Radiology LLCOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09	16	2018

Transaction ID : C3775449

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hatfield, Gregory, A, ,

Mailing Address 875 Partenwood Ln

City
OronoState
MNZip Code
55356-9778FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.Occupation (for Individual)
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
09	12	2018

Transaction ID : C3782880

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haugan, Paul, Andrew, ,

Mailing Address 3109 Cone Manor Ln

City
RaleighState
NCZip Code
27613-6606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	28	2018

Transaction ID : C3787013

Amount of Each Receipt this Period

120.00

☐ Memo Item**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)
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hawkins, C, Matthew, , Dr.

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 (for Individual)

Emory University

Occupation (for Individual)

Pediatric Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3790531

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heaney, Michael, D, ,

Mailing Address 11362 Parkside Trl

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782881

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hees, Scott, Andrew, ,

Mailing Address 119 Saint Mellions

City

Pinehurst

State

NC

Zip Code

28374-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charlotte Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790444

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1506.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heiss, Steven, Gregory, ,

Mailing Address 300 Elm St

City
Denver

State
CO

Zip Code
80220-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780958

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heiss, Steven, Gregory, ,

Mailing Address 300 Elm St

City
Denver

State
CO

Zip Code
80220-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780979

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hiehle, John, Frederick, , JR

Mailing Address JR

City
Swarthmore

State
PA

Zip Code
19081-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3780821

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

158.46

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hira, Ajay, S., Dr.

Mailing Address 7 Scotsmans Way

City

Basking Ridge

State

NJ

Zip Code

07920-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790423

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ho, Michael, Nai Kong, ,

Mailing Address Medical Center Radiology 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 (for Individual)
Medical Center Radiologists, I

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3790538

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hoagland, Lee, Eric, , MD

Mailing Address 3 JOHNSON PL

City

EVANSVILLE

State

IN

Zip Code

47714-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Evansville Radiology, PC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 23 / 2018

Transaction ID : C3779959

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

560.00

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 204

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoagland, Luke, F, , Dr.

Mailing Address 15432 E Prentice Dr

City
Centennial

State
CO

Zip Code
80015-4267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780959

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoagland, Luke, F, , Dr.

Mailing Address 15432 E Prentice Dr

City
Centennial

State
CO

Zip Code
80015-4267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780980

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hobohm, Robert, E, , MD

Mailing Address 5613 ISLINGTON AVE

City
CINCINNATI

State
OH

Zip Code
45227-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Health

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3782702

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 71 OF 204

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hodge, Jacob, , ,

Mailing Address 1403 30th St NW

City
RochesterState
MNZip Code
55901-7725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

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
09 / 12 / 2018

Transaction ID : C3782882

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoenninger, David, W, , Dr.

Mailing Address 5903 Winslow Ct

City
DublinState
OHZip Code
43016-6520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790498

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hollenberg, Gary, Marshall, ,

Mailing Address 16 Crownwood Cir

City
PittsfordState
NYZip Code
14534-4721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of RochesterOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : C3780280

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 72 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holzhauser, Markus, Kurt, ,

Mailing Address 5967 Corinne Ln

City
Clarence Center

State
NY

Zip Code
14032-9527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Versa Radiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790249

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoque, Kristina, , , MD, Ph.D

Mailing Address 4434 Bellingham Ave

City
Studio City

State
CA

Zip Code
91604-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Focus Medical Imaging

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : C3779118

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hosch, Richard, Edward, , DO

Mailing Address 112 Carlton Blvd

City
Ridgeland

State
MS

Zip Code
39157-9445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Mississippi Medical Cent

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2018

Transaction ID : C3777574

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

187.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hou, Stephanie, , , MD

Mailing Address 1570 Brookvale Drive

City
San Jose

State
CA

Zip Code
95129-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786938

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hou, Stephanie, , , MD

Mailing Address 1570 Brookvale Drive

City
San Jose

State
CA

Zip Code
95129-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786978

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Houston, Lanning, W, ,

Mailing Address 18 N Deep Lake Rd

City
Saint Paul

State
MN

Zip Code
55127-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782883

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

518.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Howard, Evan, A., MD

Mailing Address 3355 Blackburn St Apt 3407

City
DallasState
TXZip Code
75204-1538FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	24	2018

Transaction ID : C3780282

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Howard, John, Dale, ,Mailing Address Charlotte Radiology
PO Box 36937City
CharlotteState
NCZip Code
28211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	07	2018

Transaction ID : C3790445

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hu, Stephen, Y., ,Mailing Address Associated Radiologists Ltd
1201 S Alma School Rd Ste 14000City
ScottsdaleState
AZZip Code
85259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical ImagingOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2018

Transaction ID : C3790474

Amount of Each Receipt this Period

320.00

☐ Memo Item

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

1126.00

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

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

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Detailed Summary Page

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hunt, Paul, Fai, , MD

Mailing Address 7005 Oak Ridge Rd

City
Corcoran

State
MN

Zip Code
55340-9388

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782884

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hunt, Valerie, T, ,

Mailing Address 1521 Evergreen Ln

City
Berwyn

State
PA

Zip Code
19312-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paoli Memorial Hospital

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

116.62

Date of Receipt

09 / 10 / 2018

Transaction ID : C3790430

Amount of Each Receipt this Period

16.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Huynh, Bang, Huu, , MD

Mailing Address 1298 Hollywood Pl

City
Grandview

State
OH

Zip Code
43212-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 16 / 2018

Transaction ID : C3790499

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

916.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Isserow, Jonathan, A, ,

Mailing Address 1 Stirling Ln

City

Basking Ridge

State

NJ

Zip Code

07920-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3790381

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jacoby, William, Thomas, ,

Mailing Address Associated Radiologists Ltd

1201 S Alm School Rd Ste 14000

City

Paradise Valley

State

AZ

Zip Code

85253-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EVDI Medical Imaging

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2018

Transaction ID : C3790475

Amount of Each Receipt this Period

400.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jaffe, Robert, M, ,

Mailing Address 5 Indian Run

City

Lawrenceville

State

NJ

Zip Code

08648-1082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Department of Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3790409

Amount of Each Receipt this Period

250.00

☐

Memo Item

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

900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jeffers, Adam, Bredahl, , Dr.

Mailing Address 2208 Oliver Ave S

City
MinneapolisState
MNZip Code
55405-2441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban ImagingOccupation (for Individual)
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
09	/	12	/	2018

Transaction ID : C3782885

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jensen, Maureen, C, ,

Mailing Address 4250 Chestnut Ave

City
Long BeachState
CAZip Code
90807-1904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Whittier Breast ImagingOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : C3779119

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Lester, Skolfield, ,

Mailing Address 1021 Downshire Chase

City
Virginia BeachState
VAZip Code
23452-6154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCROccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3790539

Amount of Each Receipt this Period

249.99

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

774.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jokerst, Clinton, , , Dr.

Mailing Address 7469 E Phantom Way

City
ScottsdaleState
AZZip Code
85255-4616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic Arizona

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

189.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2018

Transaction ID : C3775450

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Austin, L, , Dr.

Mailing Address 241 NW 66th Rd

City
ClintonState
MOZip Code
64735-8917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Valley Memorial HealthcareOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ 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
09		10		2018

Transaction ID : C3773918

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, William, Falkes, ,

Mailing Address 9477 E Shangri La Rd

City
ScottsdaleState
AZZip Code
85260-6143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale Medical ImagingOccupation (for Individual)
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
09		20		2018

Transaction ID : C3790485

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

671.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jonna, Harsha, Rajeswari, , MDMailing Address University Radiology Group PC
579A Cranbury RdCity
East BrunswickState
NJZip Code
08816-5426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3790354

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jordan, Lyndon, Kirkman, , IIIMailing Address III
2301 White Oak RdCity
RaleighState
NCZip Code
27608-1455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3787014

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jordan, Sheryl, G, ,

Mailing Address 353 Tenney Cir

City
FayettevilleState
NCZip Code
28305-5267FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina School ofOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2018

Transaction ID : C3777937

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

545.00

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

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

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Juenemann, Patrick, J, ,

Mailing Address 10976 Mississppi Dr

City
Champlin

State
MN

Zip Code
55316-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782886

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kabadi, Suraj, J, , MD

Mailing Address 1215 Lee St
Box 800170

City
Charlottesville

State
VA

Zip Code
22908-0816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Virginia

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780873

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kachelhofer, Robert, David, ,

Mailing Address 1931 Wellington Rd

City
Birmingham

State
AL

Zip Code
35209-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alabama Radiologists, PC

Occupation (for Individual)
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
09 / 11 / 2018

Transaction ID : C3773949

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kambhampati, Shivkumar, , , MD

Mailing Address 437 South Chester Street

City
Baltimore

State
MD

Zip Code
21231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780822

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Katz, Barry, , ,

Mailing Address 3 Gateshead Drive

City
Bridgewater

State
NJ

Zip Code
08807-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790347

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keller, Irwin, A, ,

Mailing Address 27 Darby Rd

City
East Brunswick

State
NJ

Zip Code
08816-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790355

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

620.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kempf, Jeffrey, Scott, ,

Mailing Address 4 Snowbird Ct

City
Princeton Junction

State
NJ

Zip Code
08550-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790382

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kennedy, Eugene, C, ,

Mailing Address 141 Blackburn Rd

City
Summit

State
NJ

Zip Code
07901-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790356

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kennedy, Scott, Reed, ,

Mailing Address 821 Tanglewood Dr NE

City
Concord

State
NC

Zip Code
28025-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cabarrus Radiologists PA

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2018

Transaction ID : C3790446

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1256.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kennedy, Susan, Lucille, ,

Mailing Address 1116 Cowper Dr

City
Raleigh

State
NC

Zip Code
27608-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787015

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Khurana, Pavan, , , Dr.

Mailing Address 12 O Shea Ln

City
Summit

State
NJ

Zip Code
07901-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790383

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kihne, Todd, Michael, ,

Mailing Address 11683 Welters Way

City
Eden Prairie

State
MN

Zip Code
55347-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782887

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

870.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Killeen, Karen, L, ,

Mailing Address 3808 Dover Rd

City
Richmond

State
VA

Zip Code
23221-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780867

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kim, William, Jay, , 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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786939

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kim, William, Jay, , 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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786979

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

285.72

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kim, Woojin, , , MD

Mailing Address 900 S Figueroa St
Unit 2706

City
Los Angeles

State
CA

Zip Code
90015-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nuance Communications

Occupation (for Individual)
CMIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2018

Transaction ID : C3780858

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirkpatrick, Aaron, , , MD

Mailing Address 212 Inslee St

City
Greenwood Village

State
CO

Zip Code
80111-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780960

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kirkpatrick, Aaron, , , MD

Mailing Address 212 Inslee St

City
Greenwood Village

State
CO

Zip Code
80111-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

120.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780981

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kleinman, Jay, M, ,

Mailing Address 2130 Greenbrier Dr

Unit 1

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southeast Radiology, Ltd.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780823

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Koch, Pamela, J, ,

Mailing Address 40 Eshelman Rd

City

Lancaster

State

PA

Zip Code

17601-5641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lancaster Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768902

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kolber, Ronald, , ,

Mailing Address 20 Adams St

City

Morganville

State

NJ

Zip Code

07751-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790410

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

390.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Korte, Kenneth, P, ,

Mailing Address 12613 Riverview Rd

City

Eden Prairie

State

MN

Zip Code

55347-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782888

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kramer, Jeffrey, Paul, ,

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 (for Individual)

Lancaster Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 05 / 2018

Transaction ID : C3768903

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kranendonk, Bradley, H, ,

Mailing Address 5170 Kelsey Ter

City

Edina

State

MN

Zip Code

55436-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782889

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kravath, Peter, E, ,

Mailing Address 2137 Dilworth Rd E

City
CharlotteState
NCZip Code
28203-5727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : C3790447

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kresge, Carrie, L, ,

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 (for Individual)
Southeast Radiology, Ltd.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3780824

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krieger, Daniel, , , MD

Mailing Address 160 N 9th Ave

130 Kinderkamack Rd Ste 200

City

Highland Park

State

NJ

Zip Code

08904-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : C3786940

Amount of Each Receipt this Period

9.26

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

885.26

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krieger, Daniel, , MD

Mailing Address 160 N 9th Ave

130 Kinderkamack Rd Ste 200

City

Highland Park

State

NJ

Zip Code

08904-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786980

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kruskal, Jonathan, B, , MB, ChB, P

Mailing Address 59 Baldpate Hill Rd

City

Newton

State

MA

Zip Code

02459-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harvard Medical Faculty Physicians

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : C3779113

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kumarasamy, Narmadan, Akileswaran, , MD

Mailing Address 85 Camp Ave Unit 14J

130 Kinderkamack Rd Ste 200

City

Stamford

State

CT

Zip Code

06907-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786941

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

518.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kumarasamy, Narmadan, Akileswaran, , MD

Mailing Address 85 Camp Ave Unit 14J
130 Kinderkamack Rd Ste 200

City
Stamford

State
CT

Zip Code
06907-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786981

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kutcher, Roberto, Benjamin, ,

Mailing Address 45 Bailey Street

City

Worcester

State

MA

Zip Code

01602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMASS

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2018

Transaction ID : C3780916

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kwong, Michael, Diem, ,

Mailing Address 218 Weaver Mine Trl

City

Chapel Hill

State

NC

Zip Code

27517-7589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3787016

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

79.26

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Labib, Mina, L, , MD

Mailing Address 134 Plymouth Rd Unit 3210

City

Plymouth Meeting

State

PA

Zip Code

19462-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790384

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LaFond, Sarah, E, , MD

Mailing Address 1870 Covington Rd

City

Crozier

State

VA

Zip Code

23039-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780868

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lahr, Patrick, , ,

Mailing Address 81 Corrina Ln

City

Salem

State

CT

Zip Code

06420-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Windsong Radiology Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

187.56

Date of Receipt

09 / 26 / 2018

Transaction ID : C3790250

Amount of Each Receipt this Period

62.52

☐ Memo Item

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

487.52

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lakritz, Philip, S, ,

Mailing Address 3 Tranquility Ct

City
HolmdelState
NJZip Code
07733-2413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790385

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lall, Ashima, , , MD

Mailing Address 610 Pritchard Pl

City

Newtown Square

State

PA

Zip Code

19073-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bryn Mawr HospitalOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790431

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lam, Ling, Lai, ,

Mailing Address 13 Ridge Ter

City

Short Hills

State

NJ

Zip Code

07078-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY at Stony BrookOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790386

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

520.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Langdon, Neal, Weston, ,

Mailing Address Vanderbilt Univ Medical Center
1161 21st Ave S

City
Nashville

State
TN

Zip Code
37232-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical Center

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2018

Transaction ID : C3775460

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lanier, Karah, Maher, , MD

Mailing Address 1503 S Sea Breeze Trl

City

Virginia Beach

State

VA

Zip Code

23452-4730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3790540

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Laorr, Alan, , ,

Mailing Address 15547 Sweetwater Cir

City

Eden Prairie

State

MN

Zip Code

55347-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782890

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

745.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LaRoy, Lorraine, Ling, ,

Mailing Address 2701 Crescent Ridge Rd

City
Minnetonka

State
MN

Zip Code
55305-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782891

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Larson, Theodore, C, , III

Mailing Address III

City
Centennial

State
CO

Zip Code
80016-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centura Health

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780842

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lassiter, Fred, Darden, ,

Mailing Address 3115 Pontifex Ct

City
Charlotte

State
NC

Zip Code
28211-3263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2018

Transaction ID : C3790448

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1181.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lazar, Eric, Bruce, ,

Mailing Address 50 Maxwell Ter

City
Bridgewater

State
NJ

Zip Code
08807-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Radiologists

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790357

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lazzara, Elizabeth, W, ,

Mailing Address 6573 Marissa Loop Apt 704

City
Darien

State
CT

Zip Code
06820-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790358

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leach, Kevin, Richard, ,

Mailing Address 6 High Point Rd

City
Dellwood

State
MN

Zip Code
55110-6176

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782892

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

925.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lebovitz, Yaron, , ,

Mailing Address 483 Cranbury Road

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3790368

Amount of Each Receipt this Period

250.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Andrew, D, , MD

Mailing Address 3547 Humboldt Ave S

City

Minneapolis

State

MN

Zip Code

55408-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782893

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Vincent, , , MD

Mailing Address 179 Plainsboro Rd

City

Cranbury

State

NJ

Zip Code

08512-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790411

Amount of Each Receipt this Period

175.00



Memo Item

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

925.00

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 97 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lerner, Catherine, L B, , Dr.

Mailing Address 121 Mulligan Dr

City
Chapel Hill

State
NC

Zip Code
27517-6151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787017

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leslie, Paul, Albert, ,

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 (for Individual)
Lancaster Radiology Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768904

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leuchtmann, Peter, Lawrence, , MD

Mailing Address 2900 Ryton Ct

City
Raleigh

State
NC

Zip Code
27613-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787018

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

265.00

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Levey, Michael, S, ,

Mailing Address 2533 Bryden Rd

City
Columbus

State
OH

Zip Code
43209-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790500

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levitt, Myron, , ,

Mailing Address 3 Rambling Dr

City
Scotch Plains

State
NJ

Zip Code
07076-2956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ Radiology Grp, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790387

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Cory, , , MD

Mailing Address 2 Rapp Farm Blvd

City
North Oaks

State
MN

Zip Code
55127-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782894

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Li, Yi, Hung, , Dr.

Mailing Address 100 S Elmwood Ave Apt 403

City
BuffaloState
NYZip Code
14202-2465FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : C3790251

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Liebling, Melissa, Schubach, ,

Mailing Address 13 Ivy Ln

City
Spring ValleyState
NYZip Code
10977-2007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : C3786942

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Liebling, Melissa, Schubach, ,

Mailing Address 13 Ivy Ln

City
Spring ValleyState
NYZip Code
10977-2007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : C3786982

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

81.04

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Link, Steven, C, ,

Mailing Address 10303 Bucks Way

City

Eden Prairie

State

MN

Zip Code

55347-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782895

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Litkouhi, Behrang, , , MD

Mailing Address Cooper Hospital Univ Med Ctr
1 Cooper Plz Ste B23

City

Camden

State

NJ

Zip Code

08103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786943

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Litkouhi, Behrang, , , MD

Mailing Address Cooper Hospital Univ Med Ctr
1 Cooper Plz Ste B23

City

Camden

State

NJ

Zip Code

08103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786983

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

518.52

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liu, Franklin, C, , Dr.

Mailing Address 4842 Queen Ave S

City
Minneapolis

State
MN

Zip Code
55410-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782896

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loes, Daniel, J, ,

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City
Minneapolis

State
MN

Zip Code
55419-5244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782897

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lohnes, John, H, , JR

Mailing Address 3459 S 143rd St E
PO Box 8903

City
Wichita

State
KS

Zip Code
67232-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wichita Rad Group

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3772790

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Love, Russ, L, ,

Mailing Address 31 Snowden Rd

City
Bala CynwydState
PAZip Code
19004-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of the Main LineOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	10	2018

Transaction ID : C3790432

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Luebbert, Phillip, David, ,

Mailing Address 9528 25th Bay St

City
NorfolkState
VAZip Code
23518-1812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center RadiologistsOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	28	2018

Transaction ID : C3790541

Amount of Each Receipt this Period

249.99

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luethke, James, , ,Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200City
DenverState
COZip Code
80220-6336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	12	2018

Transaction ID : C3780961

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

289.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Luethke, James, , ,Mailing Address Radiology Imaging Associates
10700 E Geddes Ave Ste 200City
DenverState
COZip Code
80220-6336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3780982

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lyons, James, B, ,Mailing Address Associated Radiologists Ltd
1201 S Alma School Rd Ste 14000

City

Scottsdale

State
AZZip Code
85255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical ImagingOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2018

Transaction ID : C3790476

Amount of Each Receipt this Period

320.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Madsen, Mark, Allan, ,

Mailing Address 9770 E Mission Ln

City

Scottsdale

State
AZZip Code
85258-5619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical ImagingOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2018

Transaction ID : C3790477

Amount of Each Receipt this Period

320.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

659.23

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mahajan, Namit, , , Dr.

Mailing Address 10934 Parkshire Ln

City
Henrico

State
VA

Zip Code
23233-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780869

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maki, Daniel, Dawson, ,

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 (for Individual)
Southwest Diagnostic Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 20 / 2018

Transaction ID : C3790486

Amount of Each Receipt this Period

320.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Malde, Hiten, Maganlal, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 13 / 2018

Transaction ID : C3786944

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

587.86

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Malde, Hiten, Maganlal, ,

Mailing Address 7 Kinkaid Ave

City
ClosterState
NJZip Code
07624-2908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3786984

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malden, Eric, S, ,

Mailing Address 3355 S Clayton Blvd

City
EnglewoodState
COZip Code
80113-7611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780962

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Malden, Eric, S, ,

Mailing Address 3355 S Clayton Blvd

City
EnglewoodState
COZip Code
80113-7611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3780983

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

56.32

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Malone, Carolyn, , , Dr.

Mailing Address 12 Duck Pond Ln

City
Ramsey

State
NJ

Zip Code
07446-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

09 / 13 / 2018

Transaction ID : C3786945

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malone, Carolyn, , , Dr.

Mailing Address 12 Duck Pond Ln

City
Ramsey

State
NJ

Zip Code
07446-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

09 / 27 / 2018

Transaction ID : C3786985

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martell, Brian, S, , MD

Mailing Address 18212 58th Place North

City
Plymouth

State
MN

Zip Code
55446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782898

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

518.52

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mattis, Tod, A., MD

Mailing Address 3207 Tala Loop

City
Longwood

State
FL

Zip Code
32779-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FHMG

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2018

Transaction ID : C3780277

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matzko, John, , ,

Mailing Address Wake Radiology
3949 Browning Pl

City
Raleigh

State
NC

Zip Code
27615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3787019

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Max, Richard, J., ,

Mailing Address 113 Baybrook Ct

City
Cary

State
NC

Zip Code
27511-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3787020

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

290.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. May, Christopher, C, ,

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 (for Individual)
Medical Imaging Associates

Occupation (for Individual)
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
09 / 20 / 2018

Transaction ID : C3790487

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McAdams, Christopher, R, , MD

Mailing Address 3437 N Druid Hills Rd Apt R

City
Decatur

State
GA

Zip Code
30033-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University School of Medicine

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

147.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2018

Transaction ID : C3770067

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCain, Joshua, W, , Dr.

Mailing Address 19 Foot Point Rd

City
Columbia

State
SC

Zip Code
29209-0846

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical Center

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2018

Transaction ID : C3773924

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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521.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGill, John, J, ,

Mailing Address 9318 E Flathorn Dr

City
Paradise Valley

State
AZ

Zip Code
85253-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790478

Amount of Each Receipt this Period

320.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGinnis, Barry, D, ,

Mailing Address Charlotte Radiology PA
PO Box 36937

City
Charlotte

State
NC

Zip Code
28211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology PA

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790449

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McGinty, Geraldine, B, , MD, MBA, F

Mailing Address 131 Avenue B Apt 3C

City
New York

State
NY

Zip Code
10009-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Weill Cornell Medicine

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3770993

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1176.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGuire, Michael, , , Dr.

Mailing Address 148 1st St Apt 1204

City
Jersey City

State
NJ

Zip Code
07302-5879

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786946

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGuire, Michael, , , Dr.

Mailing Address 148 1st St Apt 1204

City
Jersey City

State
NJ

Zip Code
07302-5879

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786986

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McKenzie, Susan, E, ,

Mailing Address Medical Center Rads Inc
5544 Greenwich Rd Ste 200

City
Virginia Beach

State
VA

Zip Code
23454-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists, I

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.99

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790542

Amount of Each Receipt this Period

333.33

☐ Memo Item

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

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

351.85

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McKeon, Meghan, Roseann, , MD

Mailing Address 7005 Oak Ridge Rd

City
Minneapolis

State
MN

Zip Code
55437-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782899

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKinstry, Robert, Carolin, , III

Mailing Address III

510 S Kingshighway Blvd

City

University City

State
MO

Zip Code
63130-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University

Occupation (for Individual)
Neuro Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2018

Transaction ID : C3779120

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mehta, Neerav, R, , MD

Mailing Address 109 S Princeton Ave

City

Swarthmore

State
PA

Zip Code
19081-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rhode Island Hospital

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

140.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2018

Transaction ID : C3790433

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

570.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meier, Timothy, M, , MD

Mailing Address 7377 Linden Ln

City
DublinState
OHZip Code
43016-7337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09 / 16 / 2018

Transaction ID : C3790501

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Melamed, Joseph, William, ,

Mailing Address 9832 Koupela Dr

City
RaleighState
NCZip Code
27614-9031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787021

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melendez, Jody, M, ,

Mailing Address PO Box 1446

City
FraserState
COZip Code
80442-1446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790388

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

770.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Melville, Gordon, E, ,

Mailing Address 24 N Stone Hedge Dr

City

Basking Ridge

State

NJ

Zip Code

07920-2563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associated Radiologists

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3790359

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Merenich, William, M, ,

Mailing Address 530 Rolling Glen Drive

City

Horsham

State

PA

Zip Code

19044-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Radiology Associates of Main Line

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2018

Transaction ID : C3790434

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mergo, Patricia, J, , MD, FACR

Mailing Address 4500 San Pablo Rd S

City

Ponte Vedra

State

FL

Zip Code

32081-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3790528

Amount of Each Receipt this Period

85.00

☐

Memo Item

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

355.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 204
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meyers, Megan, B, , MD

Mailing Address E3085 Aspen Rd

City
ElevaState
WIZip Code
54738-9462FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic Graduate Medical Education

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : C3774208

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mikityansky, Igor, , ,

Mailing Address 6020 Wexford Mnr

City

Clarence Center

State

NY

Zip Code

14032-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Windsong Radiology Group

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : C3790252

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Mitchell, Alan, , MD

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

839.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : C3786947

Amount of Each Receipt this Period

17.86

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.38

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Mitchell, Alan, , MD

Mailing Address 2 Constitution Ct Apt 1009

City
Hoboken

State
NJ

Zip Code
07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786987

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Milstein, Michael, Jason, ,

Mailing Address 3335 Brookview Dr

City
Eugene

State
OR

Zip Code
97401-1595

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Medical Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780841

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mittl, Robert, L, , JR

Mailing Address 4733 Coburn Court

City
Charlotte

State
NC

Zip Code
28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790450

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1773.86

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)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mody, Suresh, , ,

Mailing Address 152 Lund Ave

City
Edison

State
NJ

Zip Code
08820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790412

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moffit, Suzanne, C, ,

Mailing Address 10906 Tanglewood Ln N

City
Champlin

State
MN

Zip Code
55316-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782900

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mogil, Irene, , , Dr.

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 (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790253

Amount of Each Receipt this Period

62.52

☐ Memo Item

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

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

737.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monoky, David, John, , MD

Mailing Address 271 Greenway Rd

City
RidgewoodState
NJZip Code
07450-4701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HackensackOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : C3786948

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monoky, David, John, , MD

Mailing Address 271 Greenway Rd

City
RidgewoodState
NJZip Code
07450-4701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HackensackOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3786988

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morgan, Jonathan, Asher, , MD

Mailing Address 25 Roscommon Dr

City
Newtown SquareState
PAZip Code
19073-3047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : C3780825

Amount of Each Receipt this Period

120.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

155.72

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moubarak, Issam, F, ,

Mailing Address 26 Harvest Moon Ln

City
Belle Mead

State
NJ

Zip Code
08502-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790360

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Muetterties, Kurt, Andrew, ,

Mailing Address 239 Painter Rd

City
Media

State
PA

Zip Code
19063-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3780826

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Murphy, Raymond, , ,

Mailing Address 13234 E. Paradise Dr

City
Scottsdale

State
AZ

Zip Code
85259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale Imaging

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2018

Transaction ID : C3790488

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

570.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Musick, Daniel, , MD

Mailing Address 3 Nomax Ln

City
Henrico

State
VA

Zip Code
23238-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780870

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mutter, Christopher, M, , DO

Mailing Address 8167 Stillwood Trl NE

City
Rockford

State
MI

Zip Code
49341-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan State/Spectrum Health

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2018

Transaction ID : C3779944

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Naik, Mohit, Madan, , MD

Mailing Address 50 Riverside Blvd Apt 4H

City
New York

State
NY

Zip Code
10069-0232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786949

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

287.86

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Naik, Mohit, Madan, , MD

Mailing Address 50 Riverside Blvd Apt 4H

City
New York

State
NY

Zip Code
10069-0232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 27 / 2018

Transaction ID : C3786989

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nakhoda, Khozaim, Zein, ,

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 (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3780827

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Nardi, Rebecca, Angela, , Dr.

Mailing Address 100 Christopher Columbus Dr Apt 18

City
Jersey City

State
NJ

Zip Code
07302-5559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790413

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

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

312.86

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Needell, Gary, S, ,

Mailing Address 1 Spring St Unit 2303

City
New Brunswick

State
NJ

Zip Code
08901-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Group of New Brunswick PA

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790361

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nicholson, Brandi, Tamara, , MD

Mailing Address 670 Tyree Ln

City
Charlottesville

State
VA

Zip Code
22901-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVA

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2018

Transaction ID : C3775451

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nicola, Gregory, Neal, , MD, FACR

Mailing Address 80 Riverside Blvd Apt 14P

City
New York

State
NY

Zip Code
10069-0314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack radiology group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

821.48

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786950

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

317.86

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicola, Gregory, Neal, , MD, FACR

Mailing Address 80 Riverside Blvd Apt 14P

City
New York

State
NY

Zip Code
10069-0314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack radiology group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.48

Date of Receipt

09 / 27 / 2018

Transaction ID : C3786990

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nielsen, Scott, Stanley, ,

Mailing Address 2751 104th Ct NE

City
Blaine

State
MN

Zip Code
55449-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782901

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Noshier, John, L, ,

Mailing Address Robert Wood Johnson Med Sch
1 Robert Wood Johnson Pl

City
New Brunswick

State
NJ

Zip Code
08901-1966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Robert Wood Johnson Med Sch

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790389

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

767.86

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

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

FOR LINE NUMBER: PAGE 123 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Novick, Andrew, S, ,

Mailing Address 6 Floral Ct

City
Westfield

State
NJ

Zip Code
07090-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790342

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Obembe, Olufolajimi, O, , Dr.

Mailing Address PO Box 1263

City
Lawrence

State
KS

Zip Code
66044-8263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology and Nuclear Medicine

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

09 / 30 / 2018

Transaction ID : C3782741

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oleinik, Eveleen, M, ,

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 (for Individual)
Medical Center Radiologists, Inc

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3790543

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

335.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oliver, James, H, , III

Mailing Address 4015 Winterberry Pl

City
Charlotte

State
NC

Zip Code
28210-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790451

Amount of Each Receipt this Period

756.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oliveros, Elder, Antonio, , Dr.

Mailing Address 21 Wedgewood Dr

City
Wayne

State
NJ

Zip Code
07470-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790362

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olsen, John, T, ,

Mailing Address 4720 Medina Lake Dr

City
Medina

State
MN

Zip Code
55340-4609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782902

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1431.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City
Denver

State
CO

Zip Code
80202-3275

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780963

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City
Denver

State
CO

Zip Code
80202-3275

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780984

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ong, Phat, V, , Dr.

Mailing Address 38 George St

City
Tenaflly

State
NJ

Zip Code
07670-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786951

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

39.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ong, Phat, V, , Dr.

Mailing Address 38 George St

City
TenaflyState
NJZip Code
07670-2009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : C3786991

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ormsby, Jacob, , , MD

Mailing Address 420 Ferdinand Ave

City

Forest Park

State

IL

Zip Code

60130-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC/Methodist HealthcareOccupation (for Individual)
Diagnostic Radiologist Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2018

Transaction ID : C3779949

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osiason, Andrew, W, ,

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 (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : C3786952

Amount of Each Receipt this Period

17.86

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

37.12

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osiason, Andrew, W, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786992

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Otte, Michael, T, , MD, FACR

Mailing Address 2 Glenmoor Cir

City
Englewood

State
CO

Zip Code
80113-7121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Assoc

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2018

Transaction ID : C3775278

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Overton, Carroll, Christopher, ,

Mailing Address 1116 Cowper Dr

City
Raleigh

State
NC

Zip Code
27608-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787022

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

262.86

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

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Detailed Summary Page

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PAGE 128 OF 204

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owen, Rodney, S, , MD, FACR

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 (for Individual)

Scottsdale Medical Imaging

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 20 / 2018

Transaction ID : C3790490

Amount of Each Receipt this Period

720.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pacious, Brian, Joseph, ,

Mailing Address 32 Sumac Ln

City

Richmond

State

VA

Zip Code

23229-7924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Commonwealth Radiology, P.C.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780871

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Paddack, Geoffrey, L, , MD

Mailing Address 3710 S O St

City

Fort Smith

State

AR

Zip Code

72903-6665

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Radiologists P.A.

Occupation (for Individual)

Physician

Receipt For: 2018

☐ Primary

☐ General

☒ Other (specify)

Special Primary

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 25 / 2018

Transaction ID : C3780846

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1970.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Padgett, Alan, Vaden, ,

Mailing Address 318 Wickham Glen Dr

City
Richmond

State
VA

Zip Code
23238-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780872

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. pahade, jay, Kumar, , Dr.

Mailing Address 35 braod river lane

City
southport

State
CT

Zip Code
06890

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780854

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palmer, Chad, Coletti, ,

Mailing Address 10678 E Palm Ridge Dr

City
Scottsdale

State
AZ

Zip Code
85255-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : C3790491

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pandya, Dipti, , , Dr.

Mailing Address Univ Radiology Group
579A Cranbury Rd

City
East Brunswick

State
NJ

Zip Code
08816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3790363

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Panush, David, , ,

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786953

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Panush, David, , ,

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786993

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

285.72

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Park, Kip, Kang-il, ,

Mailing Address 1416 Blue Heron Rd

City
Virginia Beach

State
VA

Zip Code
23454-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Radiologists, Inc.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790544

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parker, Mark, S, ,

Mailing Address 9254 Honeymoon Cottage Way

City
Mechanicsville

State
VA

Zip Code
23116-5484

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VCU/MCV

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : C3779121

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Paster, Lina, Famiglietti, ,

Mailing Address 53 Doyle Ln

City
Belle Mead

State
NJ

Zip Code
08502-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790390

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

740.00

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patel, Amit, V, , Dr.

Mailing Address 636 Doris Pl

City
Ridgewood

State
NJ

Zip Code
07450-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786954

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Amit, V, , Dr.

Mailing Address 636 Doris Pl

City
Ridgewood

State
NJ

Zip Code
07450-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786994

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patel, Amy, , , MD

Mailing Address 161 S Huntington Ave Apt 521

City
Jamaica Plain

State
MA

Zip Code
02130-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beth Israel Deaconess Medical Center

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790529

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

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

226.86

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 133 OF 204

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patel, Dhiren, Y., , Dr.

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 (for Individual)

Lancaster Radiology Associates, Ltd.

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768905

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Karan, , ,

Mailing Address 7081 Hillside Dr

City

West Bloomfield

State

MI

Zip Code

48322-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wayne State University

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3773747

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patel, Manisha, , , MD

Mailing Address 330 E 33rd St Apt 3G

City

New York

State

NY

Zip Code

10016-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Thomas Jefferson University Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790549

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

175.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patel, Rita, S, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786955

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Rita, S, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786995

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peat, Austin, E, , Dr.

Mailing Address 7209 Hillside Dr

City
Henrico

State
VA

Zip Code
23229-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonweath Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780874

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

285.72

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
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(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phelan, Gregory, M S, ,

Mailing Address 3944 Joppa Ave S

City

Saint Louis Park

State

MN

Zip Code

55416-5064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782903

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierce, Sean, Donovan, ,

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786956

Amount of Each Receipt this Period

17.86



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierce, Sean, Donovan, ,

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786996

Amount of Each Receipt this Period

17.86



Memo Item

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

535.72

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pinsk, Robert, , ,

Mailing Address 146 Colket Ln

City
Devon

State
PA

Zip Code
19333-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of the Main Line

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790435

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pope, Charles, V, ,

Mailing Address 1408 Olive Chapel Road

City
Apex

State
NC

Zip Code
27502-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787023

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prendergast, Nancy, C, ,

Mailing Address 1310 Prospect St

City
Westfield

State
NJ

Zip Code
07090-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790391

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

410.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Presson, Thomas, Lemuel, , JR

Mailing Address 6532 Wakefalls Dr

City
Wake ForestState
NCZip Code
27587-9593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.Occupation (for Individual)
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
09	28	2018

Transaction ID : C3787024

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pretter, Philip, C, ,

Mailing Address 12325 Camberwell Ct

City
RaleighState
NCZip Code
27614-8933FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	28	2018

Transaction ID : C3787025

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Price, Grant, J, ,

Mailing Address 6 Trails End Ct

City
WarrenState
NJZip Code
07059-6775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Assocaiate Radiologist PAOccupation (for Individual)
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
09	12	2018

Transaction ID : C3790364

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

430.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prizzia, Susan, , ,

Mailing Address 4721 Trail Wynd Ct

City
Glen Allen

State
VA

Zip Code
23059-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780875

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quraishi, Mohammed, Fareed Uddin, , MD

Mailing Address 534 13th Ave W

City
Kirkland

State
WA

Zip Code
98033-4831

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2018

Transaction ID : C3775452

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rakow, Joel, I, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786957

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

292.86

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rakow, Joel, I, ,

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3786997

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ram, Sunil, Kumar, ,

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 (for Individual)
Scottsdale Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

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
09 / 20 / 2018

Transaction ID : C3790489

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramas, Mercedes, , ,

Mailing Address 33 SANDLEWOOD DRIVE

City
BECKLEY

State
WV

Zip Code
25801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Raleigh Radiology

Occupation (for Individual)
Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780855

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

842.86

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramnath, Richard, , ,

Mailing Address 127 Lansing Island Dr

City
Indian Harbour Beach

State
FL

Zip Code
32937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NSI

Occupation (for Individual)
radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3781486

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramprasad, Krish, , ,

Mailing Address 116 Harwicke Rd

City
Springfield

State
PA

Zip Code
19064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3780828

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rao, Vikram, A, , MD

Mailing Address 14348 Manderleigh Woods Dr

City
Town and Country

State
MO

Zip Code
63017-8056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West County Radiological Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780839

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

662.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rawson, James, Vincent, , MD, FACR

Mailing Address Medical College of Georgia
1120 15th St # Ba1414

City
Augusta

State
GA

Zip Code
30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of Georgia

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

MM / DD / YYYY
09 / 17 / 2018

Transaction ID : C3790530

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reddy, Anne, Mosalie, ,

Mailing Address 6012 Halifax Ave S

City

Minneapolis

State

MN

Zip Code

55424-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U of Nebraska Medical Center

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3782904

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Redvanly, Richard, D, ,

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2018

Transaction ID : C3790452

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1339.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reeves, Terry, A, ,

Mailing Address 6912 E Presidio Rd

City
ScottsdaleState
AZZip Code
85254-4028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scottsdale Medical ImagingOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09	/	20	/	2018

Transaction ID : C3790492

Amount of Each Receipt this Period

320.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Resnikoff, Leonard, Barocas, ,

Mailing Address 356 Wychwood Rd

City
WestfieldState
NJZip Code
07090-1950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09	/	12	/	2018

Transaction ID : C3790392

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rhodes, Robert, A, , III

Mailing Address 1041 Maple Ct

City
AthensState
GAZip Code
30606-5746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Athens Radiology AssociatesOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09	/	07	/	2018

Transaction ID : C3772791

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

695.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ricci, Peter, E, ,

Mailing Address 141 S Olive St

City
Denver

State
CO

Zip Code
80230-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780964

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ricci, Peter, E, ,

Mailing Address 141 S Olive St

City
Denver

State
CO

Zip Code
80230-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3780985

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosenthal, Seth, A, , MD, FACR

Mailing Address 2 Medical Plaza Dr Ste 180

City
Roseville

State
CA

Zip Code
95661-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Medical Group

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2018

Transaction ID : C3781490

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1050.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ross, Michael, L, ,

Mailing Address 2901 Fairview Rd

City
Raleigh

State
NC

Zip Code
27608-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787026

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roychowdhury, Sudipta, , ,

Mailing Address 83 Petty Rd

City
Cranbury

State
NJ

Zip Code
08512-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790414

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rozentsvayg, Eka, , , Dr.

Mailing Address 72 Fairmount Rd

City
Ridgewood

State
NJ

Zip Code
07450-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786958

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

379.26

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rozentsvayg, Eka, , , Dr.

Mailing Address 72 Fairmount Rd

City
Ridgewood

State
NJ

Zip Code
07450-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786998

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rubin, Eric, Matthew, , MD

Mailing Address 220 Marcella Ln

City
Media

State
PA

Zip Code
19063-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Radiology, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2018

Transaction ID : C3780829

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rubin, Stuart, J, ,

Mailing Address 8176 Driftwood Ct

City
Williamsville

State
NY

Zip Code
14221-8501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

187.56

Date of Receipt

MM / DD / YYYY
09 / 26 / 2018

Transaction ID : C3790254

Amount of Each Receipt this Period

62.52

☐ Memo Item

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

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

191.78

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rudzinski, Scott, M, , MD

Mailing Address 191 Northwood Dr

City
BuffaloState
NYZip Code
14223-1044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : C3790255

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryder, David, J, ,Mailing Address 15261 N. 12th St.
Ste. 143City
PhoenixState
AZZip Code
85022-3801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Desert Valley RadiologyOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

Transaction ID : C3780849

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saba, Philip, Robert, ,

Mailing Address 2004 Falls Forest Dr

City
RaleighState
NCZip Code
27615-1258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology ConsultantsOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3787027

Amount of Each Receipt this Period

120.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

282.52

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saber, Cameron, , , MD

Mailing Address 557 LeBrun Rd

City
Amherst

State
NY

Zip Code
14226-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790256

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salmieri, Karen, H, , Dr.

Mailing Address 234 Cambridge Ave # 1

City
Jersey City

State
NJ

Zip Code
07307-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790394

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saluk, Patricia, , ,

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 (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780830

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

357.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Samuel, Salim, , ,

Mailing Address 17 Bates Way

City
WestfieldState
NJZip Code
07090-3411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham & Women's HospitalOccupation (for Individual)
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
09		12		2018

Transaction ID : C3790415

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Samuels, Paul, , ,

Mailing Address 9766 Verree Rd

City
PhiladelphiaState
PAZip Code
19115-1921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMDNJ-New Jersey Medical SchoolOccupation (for Individual)
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
09		12		2018

Transaction ID : C3790393

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saunders, Alan, Michael, ,

Mailing Address 29 Bonnyview Dr

City
LivingstonState
NJZip Code
07039-2034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University RadiologyOccupation (for Individual)
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
09		12		2018

Transaction ID : C3790339

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schaar, Matthew, Morris, , MD

Mailing Address 11533 Dunkirk Ct NE

City
Minneapolis

State
MN

Zip Code
55449-6788

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782905

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schlesinger, Scott, D, ,

Mailing Address 105 Fairfield Dr

City
Short Hills

State
NJ

Zip Code
07078-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3790416

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schneider, Andrew, M, ,

Mailing Address 3030 Latrobe Dr

City
Charlotte

State
NC

Zip Code
28211-4867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

09 / 07 / 2018

Transaction ID : C3790453

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1506.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schroeder, Todd, Richard, ,

Mailing Address 801 SW Bay Pointe Cir

City
Palm City

State
FL

Zip Code
34990-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIS

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780856

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schulz, David, I, , Dr.

Mailing Address 104 Academy Ridge Dr

City
Durham

State
NC

Zip Code
27705-5598

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
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
09 / 28 / 2018

Transaction ID : C3787028

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schwartz, Martin, Lee, ,

Mailing Address 5540 Havenhill Rd

City
Birmingham

State
AL

Zip Code
35210-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of Birmingham, PC

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2018

Transaction ID : C3779960

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

225.00

SCHEDULE A (FEC Form 3X)
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schwartzman, Gregory, Jay, ,

Mailing Address 126 Mill Brook Ln

City
MediaState
PAZip Code
19063-6319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3780831

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwarz, Warren, , ,

Mailing Address 904 Sunset Ridge

City

Bridgewater

State

NJ

Zip Code

08807-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University RadiologyOccupation (for Individual)
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
09	/	12	/	2018

Transaction ID : C3790417

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sepahdari, Ali, R, , MDMailing Address 826 Orange Ave
Ste 554

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ 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
09	/	13	/	2018

Transaction ID : C3774209

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

420.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shah, Nihar, Suman, , MD

Mailing Address 2300 S Willow Hill Dr

City
Orono

State
MN

Zip Code
55356-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782906

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shah, Shivam, , ,

Mailing Address 1249 White Dr

City

North Brunswick

State

NJ

Zip Code

08902-1785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rutgers-RWJ

Occupation (for Individual)
Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780852

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sharma, Rajiv, Kumar, ,

Mailing Address 1228 Firethorne Club Drive

City

Waxhaw

State

NC

Zip Code

28173-6553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790454

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1281.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shaves, Sarah, C, , MD

Mailing Address 1609 Arrowhead Pt

City
Virginia BeachState
VAZip Code
23455-4407FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center RadiologistsOccupation (for Individual)
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
09	/	28	/	2018

Transaction ID : C3790545

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shaw, Dale, R, , MD, FACR

Mailing Address 3601 Sharon Rd

City
CharlotteState
NCZip Code
28211-3325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : C3790455

Amount of Each Receipt this Period

672.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shield, Christian, E, , Dr.

Mailing Address 209 Brookschase Ln

City
HenricoState
VAZip Code
23229-8433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.Occupation (for Individual)
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
09	/	12	/	2018

Transaction ID : C3780876

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1072.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shockley, Joel, Alan, ,

Mailing Address 315 Highgate Ave

City
Worthington

State
OH

Zip Code
43085-3082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State Univ Hospital

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790502

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Siddiqui, Fareed, Ahmad, ,

Mailing Address 6027 Clarion Pass

City
Minnetonka

State
MN

Zip Code
55343-8076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782907

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Siegfeld, Alisa, S, ,

Mailing Address 15 Hadley Dr

City
Avon

State
CT

Zip Code
06001-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780844

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

1100.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simmons, Lonnie, D, ,

Mailing Address Gundersen/Lutheran Med Ctr
1900 South Ave C02-002

City
La Crosse

State
WI

Zip Code
54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health System

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2018

Transaction ID : C3779970

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simoes De Carvalho, Victor, L, ,

Mailing Address 4812 140th Place SE

City
Bellevue

State
WA

Zip Code
98006-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiologist

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790418

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simon, Mitchell, Lyle, ,

Mailing Address 4 Kensington Ct

City
Princeton

State
NJ

Zip Code
08540-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Pittsburgh Medical Ctr

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790395

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

583.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Slater, Gregg, M., , Dr.

Mailing Address 325 Deerfield Rd

City
MorganvilleState
NJZip Code
07751-2642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09		12		2018

Transaction ID : C3790365

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sleeker, Alex, Leonard, , MD

Mailing Address 1905 Grove Ave

City
RichmondState
VAZip Code
23220-4507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.Occupation (for Individual)
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
09		12		2018

Transaction ID : C3780877

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slepian, Mark, , ,

Mailing Address 8318 N 75th St

City
ScottsdaleState
AZZip Code
85258-2734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical ImagingOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2018

Transaction ID : C3790479

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

520.00

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
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Kevin, L., MD, FACR

Mailing Address 1990 Connecticut Ave S Ste 100

City
Sartell

State
MN

Zip Code
56377-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Diagnostic Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3781947

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smithson, Lori, V.,

Mailing Address 3331 Lady Marian Ct

City
Midlothian

State
VA

Zip Code
23113-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780878

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Snitzer, Eric, L.,

Mailing Address 5013 Rockhaven Dr

City
Clarence

State
NY

Zip Code
14031-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790257

Amount of Each Receipt this Period

62.52

☐ Memo Item

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

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

412.52

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soeiro, Damon, Randall, , MD

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 (for Individual)
Southeast Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3780833

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sokol, Levi, , , Dr.

Mailing Address 108 E 96th St Apt 11D

City
New York

State
NY

Zip Code
10128-6221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of Main Street

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790396

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sokolow, Jay, , ,

Mailing Address 25 Woodside Terrace

City
New Haven

State
CT

Zip Code
06515-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Group PC

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : C3780848

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

470.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Somerville, Matthew, Christopher, , Dr.

Mailing Address 2736 Broad Street Rd

City
Gum Spring

State
VA

Zip Code
23065-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780879

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sonin, Andrew, H, ,

Mailing Address 1083 Rutherford Way

City
Highlands Ranch

State
CO

Zip Code
80126-4762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780965

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sonin, Andrew, H, ,

Mailing Address 1083 Rutherford Way

City
Highlands Ranch

State
CO

Zip Code
80126-4762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Associates, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780986

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

290.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sorkin, Norman, S, ,

Mailing Address 154 Fresh Ponds Rd

City
East Brunswick

State
NJ

Zip Code
08816-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ Radiology Grp, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790397

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spaeth, H, Joseph, , JR

Mailing Address 6881 Beach Rd

City
Eden Prairie

State
MN

Zip Code
55344-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3782908

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spargo, John, M, ,

Mailing Address Wake Radiology
3949 Browning Pl

City
Raleigh

State
NC

Zip Code
27609-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants, P.A.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787029

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

870.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Specht, Adam, Wayne, , MD

Mailing Address 3309 Chappell Pl

City
Virginia BeachState
VAZip Code
23452-6290FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCROccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1199.97

Date of Receipt

M M	D D	Y Y Y Y
09	28	2018

Transaction ID : C3790546

Amount of Each Receipt this Period

399.99

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. St Germain, David, J, , Dr.

Mailing Address 6 Forrest Ct

City
MetairieState
LAZip Code
70001-6155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
09	04	2018

Transaction ID : C3770099

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Starr, Gail, E, ,Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513City
HackensackState
NJZip Code
07601-1962FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology GroupOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M	D D	Y Y Y Y
09	13	2018

Transaction ID : C3786959

Amount of Each Receipt this Period

9.26

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

509.25

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Starr, Gail, E, ,

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City
Hackensack

State
NJ

Zip Code
07601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3786999

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Steele, Walter, J, ,

Mailing Address 2115 Foxcroft Woods Ln

City
Charlotte

State
NC

Zip Code
28211-2666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2018

Transaction ID : C3790456

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stein, Jeffrey, Paul, ,

Mailing Address 7047 Whitmarsh Ct

City
Charlotte

State
NC

Zip Code
28210-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2018

Transaction ID : C3790457

Amount of Each Receipt this Period

756.00

☐ Memo Item

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

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

1665.26

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Strand, Kendall, J, ,

Mailing Address 8581 Tigua Ln

City

Chanhasen

State

MN

Zip Code

55317-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782909

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Brian, Thomas, ,

Mailing Address 2250 Veterans Memorial Blvd NW

City

Andover

State

MN

Zip Code

55304-6067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782910

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Richard, Ray, ,

Mailing Address 2220 Via Acalones

City

Palos Verdes Estates

State

CA

Zip Code

90274-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Richard Sullivan MD Inc

Occupation (for Individual)

Physician

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
09 / 02 / 2018

Transaction ID : C3770077

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Summers, Thomas, A, ,

Mailing Address 13 Mourning Dove Ct

City
Orchard Park

State
NY

Zip Code
14127-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790258

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sung, Janet, , ,

Mailing Address 9765 Rocky Pt

City
Clarence

State
NY

Zip Code
14031-1589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3790259

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sunkavalli, Sunitha, , ,

Mailing Address 943 High Mountain Rd

City
Franklin Lakes

State
NJ

Zip Code
07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786960

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

134.30

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sunkavalli, Sunitha, , ,

Mailing Address 943 High Mountain Rd

City
Franklin Lakes

State
NJ

Zip Code
07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3787000

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. szucs, richard, Alexander, , MD, FACR

Mailing Address 3526 crossings way

City
midlothian

State
VA

Zip Code
23113-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
commonwealth radiology

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780880

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tam, Marvin, K, ,

Mailing Address Associated Radiologists LTD
1201 S Alma School Rd Ste 14000

City
Mesa

State
AZ

Zip Code
85210-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790480

Amount of Each Receipt this Period

320.00

☐ Memo Item

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

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

579.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tanna, Nitin, K, ,

Mailing Address 16 Druid Cir

City

Lititz

State

PA

Zip Code

17543-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lancaster Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : C3768906

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Christopher, , ,

Mailing Address 6 Kelly Ct.

City

Ocean

State

NJ

Zip Code

07712-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Beth Israel Deaconess Med Center

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3790348

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thiel, Steven, G, , Dr.

Mailing Address Suburban Radiologic Consultants

4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1191

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3782911

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

770.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thind, Pritinder, K, ,

Mailing Address 204 Madison Ave

City
Spring Lake

State
NJ

Zip Code
07762-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790398

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Richard, John, ,

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 (for Individual)
Medical Center Radiologists, Inc

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3790547

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomasson, Jeffrey, L, ,

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 (for Individual)
West County Radiological Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780840

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Daniel, J, , Dr.

Mailing Address 862 Osceola Ave

City
Saint Paul

State
MN

Zip Code
55105-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782912

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Richard, M, ,

Mailing Address 7001 Tupa Dr

City
Edina

State
MN

Zip Code
55439-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3782913

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Torrei, Payam, G, , Dr.

Mailing Address University Radiology Group PC
579A Cranbury Rd

City
East Brunswick

State
NJ

Zip Code
08816-5426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group PC

Occupation (for Individual)

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
09 / 12 / 2018

Transaction ID : C3790399

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Toth, Patrick, J.,

Mailing Address 201 E 80th St Apt 8F

City
New York

State
NY

Zip Code
10075-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 13 / 2018

Transaction ID : C3786961

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Toth, Patrick, J.,

Mailing Address 201 E 80th St Apt 8F

City
New York

State
NY

Zip Code
10075-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

09 / 27 / 2018

Transaction ID : C3787001

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Townsend, Brent, A., Dr.

Mailing Address 540 Guilford Cir

City
Raleigh

State
NC

Zip Code
27608-1698

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

120.00

Date of Receipt

09 / 28 / 2018

Transaction ID : C3787030

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

65.72

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tramontana, Anthony, Francis, ,

Mailing Address 141 Maple Street

City
Summit

State
NJ

Zip Code
07901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790343

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tunc, Feza, Sevket, ,

Mailing Address 3 Country Brook Lane

City

Monroe Township

State

NJ

Zip Code

08831-5814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790366

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ullrich, Christopher, G, , MD, FACR

Mailing Address 2623 Lemon Tree Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology PA

Occupation (for Individual)
Radiologist

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1066.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : C3790458

Amount of Each Receipt this Period

546.00

☐ Memo Item

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

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

971.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Underberg-Davis, Sharon, J, ,

Mailing Address 92 Carriage Trl

City
Belle MeadState
NJZip Code
08502-4904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology Group PAOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790419

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vanarthos, William, J, ,

Mailing Address Wake Radiology Consultants P.A.
3949 Browning PlCity
RaleighState
NCZip Code
27609-6504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology Consultants P.AOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787031

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vasani, Devang, J, , Dr.

Mailing Address University Radiology Group PC
579A Cranbury RdCity
East BrunswickState
NJZip Code
08816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University RadiologyOccupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790349

Amount of Each Receipt this Period

250.00

☐ Memo Item

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vaughn, Mark, Edward, , MD

Mailing Address 328 Wickham Glen Dr

City
Richmond

State
VA

Zip Code
23238-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3780881

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Virk, Jaskirat, Singh, , MD

Mailing Address 5 Carla Ct

City

North Haledon

State

NJ

Zip Code

07508-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786962

Amount of Each Receipt this Period

9.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Virk, Jaskirat, Singh, , MD

Mailing Address 5 Carla Ct

City

North Haledon

State

NJ

Zip Code

07508-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

129.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3787002

Amount of Each Receipt this Period

9.26

☐ Memo Item

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

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

268.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vo, Thuynoc, T, ,

Mailing Address 1201 S Alma School Rd Ste 14000

City
MesaState
AZZip Code
85210-2096FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical ImagingOccupation (for Individual)
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
09	16	2018

Transaction ID : C3790481

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wahba, Peter, R, , Dr.

Mailing Address 261 Woodhill Ln

City
MediaState
PAZip Code
19063-1964FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	10	2018

Transaction ID : C3790436

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wald, Christoph, , , MD, PhD, F

Mailing Address 2 Swallow Cave Rd

City
NahantState
MAZip Code
01908-1617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lahey HealthOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	27	2018

Transaction ID : C3781447

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 204
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Harold, Stanley, ,

Mailing Address Associated Radiologists Ltd

1201 S Alma School Rd Ste 14000

City

Mesa

State

AZ

Zip Code

85210-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EVDI Medical Imaging

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2018

Transaction ID : C3790482

Amount of Each Receipt this Period

320.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wallace, Terry, W, ,

Mailing Address Charlotte Radiology

PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charlotte Radiology

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☒ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : C3790459

Amount of Each Receipt this Period

570.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wolor, David, Michael, , MD

Mailing Address 4 Red Coach Ln

City

Holmdel

State

NJ

Zip Code

07733-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia-Presbyterian Hospital

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3790350

Amount of Each Receipt this Period

250.00

☐

Memo Item

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

1140.00

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wang, Stephanie, Y, , MD

Mailing Address 3415 E Harvard Ave

City
Gilbert

State
AZ

Zip Code
85234-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVDI Medical Imaging

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2018

Transaction ID : C3790483

Amount of Each Receipt this Period

320.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warren, Stephen, W, ,

Mailing Address 917 Prospect St

City
Westfield

State
NJ

Zip Code
07090-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ Radiology Grp, P.C.

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790420

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wasudev, Niku, Pramod, ,

Mailing Address 1625 Kirkby Ln

City
Raleigh

State
NC

Zip Code
27614-7228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787032

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

615.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wattamwar, Anoop, S, , Dr.

Mailing Address 443 Wilfred Ter

City
Cliffside Park

State
NJ

Zip Code
07010-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2018

Transaction ID : C3786963

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wattamwar, Anoop, S, , Dr.

Mailing Address 443 Wilfred Ter

City
Cliffside Park

State
NJ

Zip Code
07010-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack

Occupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2018

Transaction ID : C3787003

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Way, William, Greene, , JR

Mailing Address 7713 Oakmont Pl

City
Raleigh

State
NC

Zip Code
27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Radiology

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787033

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

155.72

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wellman, Danielle, K, , Dr.

Mailing Address 1614 Pinecrest Rd

City
Durham

State
NC

Zip Code
27705-5832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Radiology

Occupation (for Individual)

Individual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : C3787034

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Westacott, Simon, , ,

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 (for Individual)

Lancaster Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768907

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wiggins, Matthew, Clayton, , MD

Mailing Address PO Box 3555

City
Lancaster

State
PA

Zip Code
17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lancaster Radiology Associates

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : C3768908

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

145.00

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Adam, D, , MD

Mailing Address 827 Heschel St Unit C

City
Fort Collins

State
CO

Zip Code
80524-2656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780966

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Adam, D, , MD

Mailing Address 827 Heschel St Unit C

City
Fort Collins

State
CO

Zip Code
80524-2656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780987

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Jennifer, , ,

Mailing Address Avera Medical Group - Radiology

City
Sioux Falls

State
SD

Zip Code
57105-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Minnesota

Occupation (for Individual)
Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3782914

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 179 OF 204

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, C, Amy, ,

Mailing Address 146 W Tulpehocken St

City
PhiladelphiaState
PAZip Code
19144-2620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast RadiologyOccupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	28	2018

Transaction ID : C3780834

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Mark, Edward, ,

Mailing Address 2715 Countryside Dr W

City
OronoState
MNZip Code
55356-9675FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.Occupation (for Individual)
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
09	12	2018

Transaction ID : C3782915

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Winchman, Heidi, K, ,Mailing Address University Radiology Group
579A Cranbury RdCity
East BrunswickState
NJZip Code
08816-5426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Radiology GroupOccupation (for Individual)
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
09	12	2018

Transaction ID : C3790367

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

870.00

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 180 OF 204

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wittmer, Michael, Herman, , MD

Mailing Address 4706 Sunnyside Rd

City
Minneapolis

State
MN

Zip Code
55424-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants, Ltd.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782916

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wolf, David, M, ,

Mailing Address PO Box 469

City
Clarence Center

State
NY

Zip Code
14032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windsong Radiology Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.56

Date of Receipt

09 / 26 / 2018

Transaction ID : C3790260

Amount of Each Receipt this Period

62.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wood, Jonathan, K, ,

Mailing Address 7 Wildflower Pl

City
North Oaks

State
MN

Zip Code
55127-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suburban Radiologic Consultants

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2018

Transaction ID : C3782917

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1062.52

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

Use separate schedule(s)
for each category of the
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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worthington, Janette, L, ,

Mailing Address 4200 Sulgrave Rd

City
Richmond

State
VA

Zip Code
23221-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Radiology, P.C.

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2018

Transaction ID : C3780882

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yang, Clement, , , MD

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.34

Date of Receipt

MM / DD / YYYY
09 / 13 / 2018

Transaction ID : C3786964

Amount of Each Receipt this Period

17.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yang, Clement, , , MD

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 (for Individual)
Hackensack Radiology Group

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.34

Date of Receipt

MM / DD / YYYY
09 / 27 / 2018

Transaction ID : C3787004

Amount of Each Receipt this Period

17.86

☐ Memo Item

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

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

285.72

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yang, Roger, S, ,

Mailing Address 21 Cherry Tree Ln

City
Warren

State
NJ

Zip Code
07059-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Radiologists

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790421

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yi, Jean, Kyong, ,

Mailing Address 2 Old Barn Ln

City
Malvern

State
PA

Zip Code
19355-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Associates of the Main Line

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2018

Transaction ID : C3790437

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Daniel, J, , MS

Mailing Address 5723 Arsenal St

City
Saint Louis

State
MO

Zip Code
63139-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mallinckrodt Institute of Radiology

Occupation (for Individual)
Diagnostic Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2018

Transaction ID : C3780917

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

290.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yudd, Anthony, P, ,

Mailing Address 12 Fairhill Rd

City
Westfield

State
NJ

Zip Code
07090-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Grp of New Brunswick

Occupation (for Individual)
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
09 / 12 / 2018

Transaction ID : C3790344

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yung, Michael, O, , MD

Mailing Address 11812 Lewison Ln

City
Gretna

State
NE

Zip Code
68028-4666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780967

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yung, Michael, O, , MD

Mailing Address 11812 Lewison Ln

City
Gretna

State
NE

Zip Code
68028-4666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780988

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

300.00

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

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zalasin, Stefanie, B, ,

Mailing Address 400 E Main St

City

Mount Kisco

State

NY

Zip Code

10549-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwell Health

Occupation (for Individual)

Diagnostic Radiologist

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2018

Transaction ID : C3782728

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zawodniak, Leonard, John, ,

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790400

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zicherman, Barry, A, ,

Mailing Address 15 Tamarack Rd

City

Monroe Township

State

NJ

Zip Code

08831-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Radiology Group

Occupation (for Individual)

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3790351

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

104836.78

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Julio Gonzalez for Congress

Mailing Address PO Box 595

City
Venice

State
FL

Zip Code
34284

FEC ID number of contributing
federal political committee.

C

C00671537

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : C3782936

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sevigny for Congress

Mailing Address PO Box 1688

City

Ormond Beach

State

FL

Zip Code

32175

FEC ID number of contributing
federal political committee.

C

C00666735

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : C3780843

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

10000.00

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

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 204

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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
RichmondState
VAZip Code
23261-7025Purpose of Disbursement
Bank Fees

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

FEC Identification Number

C

Transaction ID : D185334

Amount of Each Disbursement this Period

382.34

☐ Memo Item

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) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

382.34

382.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 187 OF 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BUDDY PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City
AthensState
GAZip Code
30605Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

FEC Identification Number

C C00597062**Transaction ID : D185222**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol for Congress

Mailing Address 1316 12th Street

City
HuntingtonState
WVZip Code
25701Purpose of Disbursement
Contribution to Campaign

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

FEC Identification Number

C**Transaction ID : D185215**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEFEND & UPHOLD OUR NATION NOW

Mailing Address 12176 CHANCERY STATION CI

City
RestonState
VAZip Code
20190Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

FEC Identification Number

C C00680405**Transaction ID : D185221**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Deliver. Excel. Believe. PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

Mailing Address 2211 EAST HIGHLAND
#210City
PhoenixState
AZZip Code
85016Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Category/
Type

FEC Identification Number

C C00681643**Transaction ID : D185256**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DON BACON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

Mailing Address PO BOX 391368

City
OMAHAState
NEZip Code
68139Purpose of Disbursement
Contribution to Campaign

Candidate Name

Bacon, Donald, John, ,Category/
Type

FEC Identification Number

C C00575167**Transaction ID : D185213**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NE

District: 02

Full Name (Last, First, Middle Initial)

C. Heart Doc PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

Mailing Address 526 6th Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Category/
Type

FEC Identification Number

C C00523381**Transaction ID : D185253**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. JUDY CHU FOR CONGRESS

Mailing Address 16633 VENTURA BLVD # 1008

City
ENCINOState
CAZip Code
91436Purpose of Disbursement
Contribution to Campaign

Candidate Name

Chu, Judy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00458125

Transaction ID : D185217

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Making America Prosperous

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00445379

Transaction ID : D185228

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lena for Congress

Mailing Address PO BOX 339

City
TroyState
MIZip Code
48099Purpose of Disbursement
Contribution to Campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C

Transaction ID : D185246

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City
BAKERSFIELDState
CAZip Code
93389Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00428052**Transaction ID : D185238**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McPACMailing Address 228 S Washington St
Ste 115City
AlexandriaState
VAZip Code
22314-5404Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00540187**Transaction ID : D185225**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City
GREEN BAYState
WIZip Code
54305Purpose of Disbursement
Contribution to Campaign

Candidate Name

Gallagher, Mike, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00610212**Transaction ID : D185254**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Mike Miller for Congress

Mailing Address 127 WEST FAIRBANKS AVE #380

City
Winter ParkState
FLZip Code
32789Purpose of Disbursement
Contribution to Campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C **Transaction ID : D185226**

Amount of Each Disbursement this Period

 2500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00459123**Transaction ID : D185227**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 831

City
MC LEANState
VAZip Code
22101Purpose of Disbursement
Contribution to Campaign

Candidate Name

Comstock, Barbara, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00554261**Transaction ID : D185235**

Amount of Each Disbursement this Period

 3000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City
SANTA FEState
NMZip Code
87594Purpose of Disbursement
Contribution to Campaign

Candidate Name

Lujan, Ben, Ray, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM

District: 03

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00443689**Transaction ID : D185258**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City
ST. PAULState
MNZip Code
55114Purpose of Disbursement
Contribution to Campaign

Candidate Name

McCollum, Betty, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN

District: 04

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00354688**Transaction ID : D185249**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City
POLANDState
OHZip Code
44514Purpose of Disbursement
Contribution to Campaign

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00476820**Transaction ID : D185224**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 CHERI BUSTOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address P.O. BOX 77

City
EAST MOLINEState
ILZip Code
61244Purpose of Disbursement
Contribution to Campaign

Candidate Name

Bustos, Cheri, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 17

Category/
Type

FEC Identification Number

C C00498568

Transaction ID : D185257

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 1738

City
SACRAMENTOState
CAZip Code
95812Purpose of Disbursement
Contribution to Campaign

Candidate Name

Matsui, Doris, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 06

Category/
Type

FEC Identification Number

C C00409219

Transaction ID : D185250

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DREW FERGUSON FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 387

City
WEST POINTState
GAZip Code
31833Purpose of Disbursement
Contribution to Campaign

Candidate Name

Ferguson, Drew, , Rep., IV

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 03

Category/
Type

FEC Identification Number

C C00607838

Transaction ID : D185255

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City
SAVANNAHState
GAZip Code
31401Purpose of Disbursement
Contribution to Campaign

Candidate Name

Carter, Earl, L., Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00543967**Transaction ID : D185220**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City
EDEN PRAIRIEState
MNZip Code
55344Purpose of Disbursement
Contribution to Campaign

Candidate Name

Paulsen, Erik, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00439661**Transaction ID : D185242**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740Purpose of Disbursement
Contribution to Campaign

Candidate Name

Pallone, Frank, , Rep., Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00226928**Transaction ID : D185237**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**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)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 97187

City
RALEIGHState
NCZip Code
27624Purpose of Disbursement
Contribution to Campaign

Candidate Name

Holding, George, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 13

Category/
Type

FEC Identification Number

C C00499236**Transaction ID : D185252**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 954

City
MISHAWAKAState
INZip Code
46546Purpose of Disbursement
Contribution to Campaign

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 02

Category/
Type

FEC Identification Number

C C00468579**Transaction ID : D185239**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAIME FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 1614

City
RidgefieldState
WAZip Code
98642Purpose of Disbursement
Contribution to Campaign

Candidate Name

Herrera Beutler, Jaime, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District: 03

Category/
Type

FEC Identification Number

C C00472704**Transaction ID : D185211**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAUState
MOZip Code
63702Purpose of Disbursement
Contribution to Campaign

Candidate Name

Smith, Jason, , Rep.,

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00541862

Transaction ID : D185240

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City
TAMPAState
FLZip Code
33606Purpose of Disbursement
Contribution to Campaign

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00410761

Transaction ID : D185218

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. YODER FOR CONGRESS, INC

Mailing Address PO BOX 26742

City
OVERLAND PARKState
KSZip Code
66225Purpose of Disbursement
Contribution to Campaign

Candidate Name

Yoder, Kevin, , Rep.,

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00472365

Transaction ID : D185233

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

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

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

10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City
LYNDORAState
PAZip Code
16045Purpose of Disbursement
Contribution to Campaign

Candidate Name

Kelly, Mike, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00474189**Transaction ID : D185251**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NEAL DUNN

Mailing Address 2640A MITCHAM DRIVE

City
TALLAHASSEEState
FLZip Code
32308Purpose of Disbursement
Contribution to Campaign

Candidate Name

Dunn, Neal, Patrick, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00582304**Transaction ID : D185214**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WELCH FOR CONGRESS

Mailing Address PO Box 1682

City
BurlingtonState
VTZip Code
05402-1682Purpose of Disbursement
Contribution to Campaign

Candidate Name

Welch, Peter, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: VT

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00413179**Transaction ID : D185232**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 14062

City
MONROEState
LAZip Code
71207Purpose of Disbursement
Contribution to Campaign

Candidate Name

Abraham, Ralph, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00563940

Transaction ID : D185259

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
Contribution to Campaign

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00140715

Transaction ID : D185223

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City
NORMANState
OKZip Code
73070Purpose of Disbursement
Contribution to Campaign

Candidate Name

Cole, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OK

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00379735

Transaction ID : D185212

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address P. O. BOX 1011

City
WHEATONState
ILZip Code
60187Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00451294**Transaction ID : D185248**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SAC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address P.O. Box 83142

City
GaithersburgState
MDZip Code
20883Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00165548**Transaction ID : D185243**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sasse Leadership PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address 332 W LEE HWY
303City
WARRENTONState
VAZip Code
20186Purpose of Disbursement
Contribution to L'PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00617712**Transaction ID : D185229**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

Mailing Address PO BOX 58746

City
PHILADELPHIAState
PAZip Code
19102Purpose of Disbursement
Contribution to Campaign

Candidate Name

Casey, Bob, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Category/
Type

FEC Identification Number

C C00431056**Transaction ID : D185219**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

Mailing Address PO BOX 127

City
CHESHIREState
CTZip Code
06410Purpose of Disbursement
Contribution to Campaign

Candidate Name

Murphy, Christopher, S., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 00

Category/
Type

FEC Identification Number

C C00492645**Transaction ID : D185216**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steil for Wisconsin Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

Mailing Address 1818 MILTON AVENUE #1448

City
JanesvilleState
WIZip Code
53545Purpose of Disbursement
Contribution to Campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Category/
Type

FEC Identification Number

C C00677286**Transaction ID : D185230**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 201 OF 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEEMailing Address 701 8TH STREET, NW
SUITE 500City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
Contribution to PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00327189**Transaction ID : D185231**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

137500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 202 OF 204
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00343459 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Acquire Digital, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 512a East Iris Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>		
City Nashville	State TN	Zip Code 37204	Transaction ID : D184740 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital advertising		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Name of Federal Candidate: Ferrara, Steve, , MD			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">320560.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018		
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 141 Elm Street Suite 500			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44112.00</div>		
City Buffalo	State NY	Zip Code 14203	Transaction ID : D184775 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure printed mail marketing		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Name of Federal Candidate: Ferrara, Steve, , MD			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">320560.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018		
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">144112.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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, F, , MD, FACR</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
<div style="border: 1px solid black; padding: 2px;">10</div>		<div style="border: 1px solid black; padding: 2px;">19</div>		<div style="border: 1px solid black; padding: 2px;">2018</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 203 OF 204
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00343459 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 141 Elm Street Suite 500			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44112.00</div>		
City Buffalo	State NY	Zip Code 14203	Transaction ID : D184776 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure printed mail marketing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Name of Federal Candidate: Ferrara, Steve, , MD			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">320560.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 141 Elm Street Suite 500			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44112.00</div>		
City Buffalo	State NY	Zip Code 14203	Transaction ID : D184866 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure printed mail marketing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
Name of Federal Candidate: Ferrara, Steve, , MD			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">320560.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">88224.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
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 <u>Scanlon, Mary, F, , MD, FACR</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 204 OF 204
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00343459 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 141 Elm Street Suite 500				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44112.00</div>	
City Buffalo		State NY		Zip Code 14203	
Purpose of Expenditure printed mail marketing				Transaction ID : D184867 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">09</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">26</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">2018</div> </div>	
Name of Federal Candidate: Ferrara, Steve, , MD <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">320560.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 141 Elm Street Suite 500				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44112.00</div>	
City Buffalo		State NY		Zip Code 14203	
Purpose of Expenditure printed mail marketing				Transaction ID : D184868 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">09</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">28</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">2018</div> </div>	
Name of Federal Candidate: Ferrara, Steve, , MD <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">320560.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">88224.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">320560.00</div> </div> </div>					
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 <u>Scanlon, Mary, F, , MD, FACR</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">10</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">19</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">2018</div> </div>	