

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 Reston VA 20191

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00343459

3. IS THIS REPORT NEW (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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M M / D D D / 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 in the State of

5. Covering Period 09 01 2015 through 09 30 2015

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

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer Richard Taxin MD [Electronically Filed] Date 10 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="261891.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="707720.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24455.62"/>	<input type="text" value="924374.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="732176.35"/>	<input type="text" value="1186266.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100846.80"/>	<input type="text" value="554937.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="631329.55"/>	<input type="text" value="631329.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American College of Radiology Association PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21755.82	820583.15
(ii) Unitemized .....	2699.80	103041.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24455.62	923624.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24455.62	923624.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24455.62	924374.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24455.62	924374.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	846.80	10999.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	846.80	10999.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	543000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	937.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	937.30
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100846.80	554937.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100846.80	554937.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24455.62	923624.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	937.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24455.62	922687.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	846.80	10999.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	846.80	10999.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Essmaeel H Abdel-Dayem MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Thatcher St Apt 5  
 City State Zip Code  
 Brookline MA 02446-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115314**  
 Amount of Each Receipt this Period  
 100.00

**B. David Abramowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Stony Point Rd  
 City State Zip Code  
 Charleston WV 25314-1670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kanawha Valley Radiology, Inc. Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 727.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C3115235**  
 Amount of Each Receipt this Period  
 272.73

**C. Darshan J Acharya MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 NW Meridian Ridge Ct  
 City State Zip Code  
 Portland OR 97210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRG/The Radiology Group 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 / 12 / 2015  
**Transaction ID : C3091950**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	422.73
<b>TOTAL</b> 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 7 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7402

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2015  
**Transaction ID : C3106154**

Amount of Each Receipt this Period  
23.07

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7402

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2015  
**Transaction ID : C3109136**

Amount of Each Receipt this Period  
23.07

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7402

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2015  
**Transaction ID : C3109138**

Amount of Each Receipt this Period  
23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.21
<b>TOTAL</b> 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 8 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Michael J Alline**

Mailing Address **Jefferson Radiology Associates**  
1111 Medical Center Blvd Ste 108

City **Marrero** State **LA** Zip Code **70072-3192**

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

Name of Employer **Jefferson Radiology Associates** Occupation **Diagnostic Radiologist**

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 / 18 / 2015**

**Transaction ID : C3095934**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Mark David Alson**

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 **Sierra Imaging Associates** Occupation **Diagnostic Radiologist**

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2015**

**Transaction ID : C3105815**

Amount of Each Receipt this Period  
**75.00**

Full Name (Last, First, Middle Initial)  
**C. Rafael A Altieri**

Mailing Address **15 Savoy St Apt D308**

City **Boston** State **MA** Zip Code **02118-2588**

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

Name of Employer **South Shore Radiological Associates** Occupation **Diagnostic Radiologist**

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 01 / 2015**

**Transaction ID : C3115315**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> 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 9 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 13074 Starbuck Rd

City State Zip Code  
Saint Louis MO 63141-8544

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

Name of Employer Occupation  
West County Radiological Group Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C3115384**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address 1701 Stonehenge Rd

City State Zip Code  
Charleston WV 25314-1675

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

Name of Employer Occupation  
Kanawha Valley Radiology Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**727.28**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C3115236**

Amount of Each Receipt this Period  
**272.73**

Full Name (Last, First, Middle Initial)  
**c. Marchello Joseph Barbarisi**

Mailing Address 415 City Ave Apt 13

City State Zip Code  
Merion Station PA 19066-1841

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

Name of Employer Occupation  
Radiology Associates of the Main Line Diagnostic Radiologist

Receipt For: 2015  
 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 / 03 / 2015**

**Transaction ID : C3115401**

Amount of Each Receipt this Period  
**120.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>467.73</b>
<b>TOTAL</b> 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 10 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph Michael Barry MD**  
 Full Name (Last, First, Middle Initial)  
 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 Commonwealth Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2015  
**Transaction ID : C3099228**  
 Amount of Each Receipt this Period  
 30.00

**B. John M Bauman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4102 131st Ave SE  
 City Bellevue State WA Zip Code 98006-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Diagnostic Radiologist  
 Receipt For: 2014  
 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 / 17 / 2015  
**Transaction ID : C3095015**  
 Amount of Each Receipt this Period  
 25.00

**C. Howard Marshall Bear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4931 Pearlman Way  
 City San Diego State CA Zip Code 92130-2789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2015  
**Transaction ID : C3087722**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 11 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Lance J Becker**

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 Southeast Radiology, Ltd.      Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C3115444**

Amount of Each Receipt this Period  
**120.00**

Full Name (Last, First, Middle Initial)  
**B. Stuart Bentley-Hibbert MD**

Mailing Address 4 Chateau Ridge Dr

City Greenwich      State CT      Zip Code 06831-2940

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

Name of Employer Columbia University Medical Center      Occupation Diagnostic Radiologist

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**09 / 26 / 2015**

**Transaction ID : C3105768**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
**C. Kenneth G Berkenstock**

Mailing Address Lancaster Radiology Associates  
PO Box 3555

City Lancaster      State PA      Zip Code 17604-3555

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

Name of Employer Lancaster Radiology Associates      Occupation Radiation Oncologist

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt  
**09 / 02 / 2015**

**Transaction ID : C3115252**

Amount of Each Receipt this Period  
**84.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2704.00</b>
<b>TOTAL</b> 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 12 OF 81
	<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**

**A. Timothy Andrew Bernauer**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Pintail Pl

City Appleton      State WI      Zip Code 54913-8068

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

Name of Employer Radiology Associates of Appleton      Occupation Diagnostic Radiologist

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1890.00**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : C3095935**

Amount of Each Receipt this Period **210.00**

**B. James S Bezreh**  
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital  
55 Fogg Rd

City South Weymouth      State MA      Zip Code 02190-2455

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

Name of Employer South Shore Hospital      Occupation Diagnostic Radiologist

Receipt For: 2015  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 01 / 2015**

**Transaction ID : C3115316**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 11 Kershaw Rd

City Wallingford      State PA      Zip Code 19086-6203

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

Name of Employer Southeast Radiology      Occupation Diagnostic Radiologist

Receipt For: 2015  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C3115445**

Amount of Each Receipt this Period **120.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>430.00</b>
<b>TOTAL</b> 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 13 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American College of Radiology Association PAC**

**A. Adam Russell Bogomol**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 W 72nd St  
Apt 11K

City New York State NY Zip Code 10023-3267

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : C3106138**

Amount of Each Receipt this Period  
23.07

**B. Adam Russell Bogomol**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 W 72nd St  
Apt 11K

City New York State NY Zip Code 10023-3267

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C3109121**

Amount of Each Receipt this Period  
23.07

**C. Adam Russell Bogomol**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 W 72nd St  
Apt 11K

City New York State NY Zip Code 10023-3267

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C3109120**

Amount of Each Receipt this Period  
23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Boss**

Mailing Address 7532 Old Oakland Blvd W

City State Zip Code  
Indianapolis IN 46236

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

Name of Employer Occupation  
Kanawha Valley Radiologists Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C3115237**

Amount of Each Receipt this Period  
144.00

Full Name (Last, First, Middle Initial)  
**B. Chad William Brecher**

Mailing Address 235 S Wayne Ave

City State Zip Code  
Wayne PA 19087-4820

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

Name of Employer Occupation  
Southeast Radiology Diagnostic Radiologist

Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115446**

Amount of Each Receipt this Period  
120.00

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

Mailing Address 1930 Pickering Trl

City State Zip Code  
Lancaster PA 17601-4972

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

Name of Employer Occupation  
Lancaster Radiology Associates Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2015  
**Transaction ID : C3115253**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	299.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Justin John Campbell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Fogg Rd  
 City South Weymouth State MA Zip Code 02190-2432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115317**  
 Amount of Each Receipt this Period  
 100.00

**B. James W Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Ridgewood Ave  
 City North Haven State CT Zip Code 06473-4441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midstate Radiology Associates, LLC Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3090461**  
 Amount of Each Receipt this Period  
 100.00

**c. Mark Aaron Chambers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Des Peres Woods Ct  
 City Des Peres State MO Zip Code 63131-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West County Radiological Group Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C3115385**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 16 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Shelley K Charhoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 192 Hinckley Rd  
 City Milton State MA Zip Code 02186-2853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115318**  
 Amount of Each Receipt this Period  
 75.00

**B. Anna Ming Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Lanoche Ct  
 City Williamsville State NY Zip Code 14221-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windsong Radiology Group Occupation Physician  
 Receipt For: 2015  
 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 / 28 / 2015  
**Transaction ID : C3115364**  
 Amount of Each Receipt this Period  
 62.52

**C. Raja Sekhar Cheruvu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Via Foresta Ln  
 City Williamsville State NY Zip Code 14221-1984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windsong Radiology Group Occupation Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : C3085899**  
 Amount of Each Receipt this Period  
 62.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.02
<b>TOTAL</b> 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 17 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Raja Sekhar Cheruvu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 165 Via Foresta Ln  
City Williamsville State NY Zip Code 14221-1984  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Windsong Radiology Group Occupation Radiologist  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 28 / 2015**  
**Transaction ID : C3115365**  
Amount of Each Receipt this Period **62.52**

**B. PEDRO COLLAZO-ORNES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 9024255  
City SAN JUAN State PR Zip Code 00902-4255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SP RADIOLOGY, PSC Occupation PRESIDENT  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **09 / 20 / 2015**  
**Transaction ID : C3099229**  
Amount of Each Receipt this Period **100.00**

**C. Lisa Ann Collazzo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Pennsford Ln  
City Media State PA Zip Code 19063-2051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southeast Radiology Occupation Diagnostic Radiologist  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2015**  
**Transaction ID : C3115447**  
Amount of Each Receipt this Period **120.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>282.52</b>
<b>TOTAL</b> 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 18 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. W Shawn Conwell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 293 Piney Bluff Rd

City Rembert State SC Zip Code 29128-9630

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

Name of Employer Pitts Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 09 / 2015**

**Transaction ID : C3089234**

Amount of Each Receipt this Period **2500.00**

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

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 Madison Radiologists Occupation Diagnostic Radiologist

Receipt For: 2014  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **673.78**

Date of Receipt **09 / 05 / 2015**

**Transaction ID : C3087680**

Amount of Each Receipt this Period **30.42**

**c. Matthew Del Giudice MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 460 S 6th Ave Apt 1106

City Tucson State AZ Zip Code 85701-2365

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

Name of Employer University of Arizona Medical Center Occupation Diagnostic Radiologist

Receipt For: 2014  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 08 / 2015**

**Transaction ID : C3087774**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2555.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John S DeMeritt</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 <b>Transaction ID : C3106152</b>
Mailing Address 18 Baldwin Rd		Amount of Each Receipt this Period 23.07
City Saddle River	State NJ	Zip Code 07458-3203
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

Full Name (Last, First, Middle Initial) <b>B. John S DeMeritt</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : C3109133</b>
Mailing Address 18 Baldwin Rd		Amount of Each Receipt this Period 23.07
City Saddle River	State NJ	Zip Code 07458-3203
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

Full Name (Last, First, Middle Initial) <b>C. John S DeMeritt</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : C3109134</b>
Mailing Address 18 Baldwin Rd		Amount of Each Receipt this Period 23.07
City Saddle River	State NJ	Zip Code 07458-3203
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 81
	<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**

**A. Jason Dana Dunleavy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1238 Blakeley Rd  
 City East Aurora State NY Zip Code 14052-9727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : C3115366**  
 Amount of Each Receipt this Period  
 62.52

**B. Amr Kamal El Jack MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2223 E Deerfield Dr  
 City Media State PA Zip Code 19063-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115448**  
 Amount of Each Receipt this Period  
 120.00

**c. Ahmed Bassem Elaini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 54  
 City Andover State MA Zip Code 01810-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115319**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.52
<b>TOTAL</b> 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 21 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Paul H Ellenbogen**  
Full Name (Last, First, Middle Initial)

Mailing Address 4240 Prescott Ave Apt 7E

City Dallas State TX Zip Code 75219-2392

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

Name of Employer Southwest Imaging & Interven specialis Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.06

Date of Receipt 09 / 16 / 2015  
Transaction ID : C3093571

Amount of Each Receipt this Period 83.34

**B. William Scott Enochs**  
Full Name (Last, First, Middle Initial)

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 Thomas Jefferson University Ho Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 03 / 2015  
Transaction ID : C3115406

Amount of Each Receipt this Period 300.00

**c. X Cynthia Fan**  
Full Name (Last, First, Middle Initial)

Mailing Address Windsong Radiology 55 Spindrift Dr

City Williamsville State NY Zip Code 14221

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

Name of Employer Windsong Radiology Group Occupation Physician

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
Transaction ID : C3115367

Amount of Each Receipt this Period 62.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 445.86

**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)	PAGE 22 OF 81
<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**

**A. George Joseph Ferrone**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt 09 / 03 / 2015  
**Transaction ID : C3106132**

Amount of Each Receipt this Period 23.07

**B. George Joseph Ferrone**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt 09 / 17 / 2015  
**Transaction ID : C3109110**

Amount of Each Receipt this Period 23.07

**C. George Joseph Ferrone**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt 09 / 17 / 2015  
**Transaction ID : C3109111**

Amount of Each Receipt this Period 23.07

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Adam Robert Fisher**

Mailing Address 2035 Grantham Rd

City State Zip Code  
Berwyn PA 19312-2119

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

Name of Employer Occupation  
Southeast Radiology Diagnostic Radiologist

Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115449**

Amount of Each Receipt this Period  
120.00

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

Mailing Address 1490 Delgany St Apt 1027

City State Zip Code  
Denver CO 80202-6616

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

Name of Employer Occupation  
University of Colorado Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2015  
**Transaction ID : C3103341**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 1490 Delgany St Apt 1027

City State Zip Code  
Denver CO 80202-6616

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

Name of Employer Occupation  
University of Colorado Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2015  
**Transaction ID : C3105769**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> 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 24 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Anthony M Foti**

Mailing Address 6545 Belle Way

City Amherst State NY Zip Code 14051-2212

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

Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 28 / 2015**

**Transaction ID : C3115368**

Amount of Each Receipt this Period **62.52**

Full Name (Last, First, Middle Initial)  
**B. Eric Brian Friedberg**

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 Emory University Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 01 / 2015**

**Transaction ID : C3085049**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**c. Morris L Gavant**

Mailing Address 3206 Fallstaff Rd

City Baltimore State MD Zip Code 21215-1721

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

Name of Employer Advanced Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3090502**

Amount of Each Receipt this Period **25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.52</b>
<b>TOTAL</b> 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 25 OF 81
	<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**

**A. Eric Todd Goodman**  
 Full Name (Last, First, Middle Initial)  
 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 Sharp Rees-Stealy Medical Group Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : C3099304**  
 Amount of Each Receipt this Period  
 100.00

**B. Andrew Ryan Gordon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Glenwood Rd  
 City Haddonfield State NJ Zip Code 08033-3427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115450**  
 Amount of Each Receipt this Period  
 120.00

**C. Robert L Gore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79 Richmond St  
 City Dorchester Center State MA Zip Code 02124-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115320**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> 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 26 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2110 Homeview Ct

City Las Vegas State NV Zip Code 89117

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

Name of Employer SDMI Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 08 / 2015**

**Transaction ID : C3087775**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**B. Labib Fouad Haddad**

Mailing Address 4 Ramsgate Dr

City Olivette State MO Zip Code 63132-4116

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C3115386**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 136 Bromley Dr

City Wilmington State DE Zip Code 19808-1370

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C3115451**

Amount of Each Receipt this Period **120.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gene Han MD</b>		Date of Receipt
Mailing Address 24 Briarcliff Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Tenafly NJ 07670-2902		<b>Transaction ID : C3106157</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Occupation Hackensack Radiology Group Diagnostic Radiologist		<input type="text"/> 23.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 461.40	

Full Name (Last, First, Middle Initial) <b>B. Gene Han MD</b>		Date of Receipt
Mailing Address 24 Briarcliff Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Tenafly NJ 07670-2902		<b>Transaction ID : C3109143</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Occupation Hackensack Radiology Group Diagnostic Radiologist		<input type="text"/> 23.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 461.40	

Full Name (Last, First, Middle Initial) <b>C. Gene Han MD</b>		Date of Receipt
Mailing Address 24 Briarcliff Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Tenafly NJ 07670-2902		<b>Transaction ID : C3109144</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Occupation Hackensack Radiology Group Diagnostic Radiologist		<input type="text"/> 23.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 461.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 69.21
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rayda N Hernandez-Guasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 AVE DE DIEGO STE 105  
 PMB 525  
 City San Juan State PR Zip Code 00927-6370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Puerto Rico Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : C3106122**  
 Amount of Each Receipt this Period 100.00

**B. Rayda N Hernandez-Guasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 AVE DE DIEGO STE 105  
 PMB 525  
 City San Juan State PR Zip Code 00927-6370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Puerto Rico Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : C3106123**  
 Amount of Each Receipt this Period 100.00

**C. John Frederick Hiehle JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Westdale Avenue  
 City Swarthmore State PA Zip Code 19081-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist  
 Receipt For: 2015  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : C3115452**  
 Amount of Each Receipt this Period 120.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patrick E Hill</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 <b>Transaction ID : C3115238</b>
Mailing Address 423 Wynterhall Dr		Amount of Each Receipt this Period 272.73
City Charleston	State WV	Zip Code 25309-8425
FEC ID number of contributing federal political committee. C	Name of Employer Loma Linda Univ Medical Center	Occupation Diagnostic Radiologist
Receipt For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 727.28	

Full Name (Last, First, Middle Initial) <b>B. Lee Eric Hoagland MD</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2015 <b>Transaction ID : C3087694</b>
Mailing Address 5922 Cyrpress Pointe Dr		Amount of Each Receipt this Period 85.00
City Newburgh	State IN	Zip Code 47630-9844
FEC ID number of contributing federal political committee. C	Name of Employer Evansville Radiology, PC	Occupation Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) <b>C. Markus Kurt Holzhauser</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2015 <b>Transaction ID : C3115369</b>
Mailing Address 5967 Corinne Ln		Amount of Each Receipt this Period 62.52
City Clarence Center	State NY	Zip Code 14032-9527
FEC ID number of contributing federal political committee. C	Name of Employer Global Versa Radiology	Occupation Physician
Receipt For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.25
<b>TOTAL</b> 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 30 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 71 Kamaiki Cir

City Kahului State HI Zip Code 96732-3153

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

Name of Employer George Washington Med Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 15 / 2015**

**Transaction ID : C3092760**

Amount of Each Receipt this Period **100.00**

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

Mailing Address Lancaster Radiology Associates PO Box 3555

City Lancaster State PA Zip Code 17604-3555

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 02 / 2015**

**Transaction ID : C3115258**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**C. Peter Anthony S Johnstone**

Mailing Address 810 Taray de Avila

City Tampa State FL Zip Code 33613

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

Name of Employer Moffitt Cancer Center Occupation Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 22 / 2015**

**Transaction ID : C3100430**

Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Russell A Kelley**

Mailing Address PO Box 585

City Norwell State MA Zip Code 02061-0585

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**09 / 01 / 2015**

**Transaction ID : C3115321**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : C3106139**

Amount of Each Receipt this Period  
**23.07**

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
**09 / 17 / 2015**

**Transaction ID : C3109122**

Amount of Each Receipt this Period  
**23.07**

**SUBTOTAL** of Receipts This Page (optional)..... **146.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109124**

Amount of Each Receipt this Period **23.07**

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

Mailing Address 14708 Hollyhock Dr

City Oklahoma City State OK Zip Code 73142-1804

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

Name of Employer Eagle Eye Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 02 / 2015**

**Transaction ID : C3085449**

Amount of Each Receipt this Period **85.00**

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

Mailing Address 2130 Greenbrier Dr

City Villanova State PA Zip Code 19085-1708

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C3115453**

Amount of Each Receipt this Period **120.00**

**SUBTOTAL** of Receipts This Page (optional)..... **228.07**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey Paul Kramer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2147 Meadow Ridge Dr  
 City Lancaster State PA Zip Code 17601-5762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : C3115260**  
 Amount of Each Receipt this Period  
 100.00

**B. Carrie L Kresge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Stoney Brook Blvd  
 City Newtown Square State PA Zip Code 19073-3953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115454**  
 Amount of Each Receipt this Period  
 120.00

**C. Adam Thomas Krompecher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Mount View Dr  
 City Charleston State WV Zip Code 25314-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kanawha Valley Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C3115239**  
 Amount of Each Receipt this Period  
 272.73

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Patrick F Lahr**

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 Windsong Radiology Group Occupation Physician

Receipt For: 2015  
 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 / 28 / 2015**

**Transaction ID : C3115370**

Amount of Each Receipt this Period  
**62.52**

Full Name (Last, First, Middle Initial)  
**B. Mark H LeQuire**

Mailing Address 2055 Myrtlewood Dr

City Montgomery State AL Zip Code 36111-1003

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

Name of Employer Montgomery Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 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 / 04 / 2015**

**Transaction ID : C3086931**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Paul Albert Leslie**

Mailing Address 260 Eshelman Rd

City Lancaster State PA Zip Code 17601-5645

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : C3115261**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>412.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Eve Hung Li MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 S Elmwood Ave Apt 403

City Buffalo State NY Zip Code 14202-2436

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

Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
Transaction ID : C3115371

Amount of Each Receipt this Period 62.52

**B. John H Lohnes JR**  
Full Name (Last, First, Middle Initial)

Mailing Address Wichita Radiological Group PA PO Box 8903

City Wichita State KS Zip Code 67208-0903

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

Name of Employer Wichita Radiological Group PA Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2015  
Transaction ID : C3085450

Amount of Each Receipt this Period 250.00

**C. H E Longmaid III**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 Harwich Rd

City Chestnut Hill State MA Zip Code 02467-3023

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

Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 28 / 2015  
Transaction ID : C3105930

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional).....▶ 354.19

**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 36 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kay Denise Spong Lozano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5991 South High Court  
City Centennial State CO Zip Code 80121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Imaging Association Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1881.00**

Date of Receipt **09 / 20 / 2015**  
**Transaction ID : C3099238**  
Amount of Each Receipt this Period **209.00**

**B. Jennifer Lyn Lynch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 154 Forest Ave  
City Cohasset State MA Zip Code 02025-1340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist  
Receipt For: 2015  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 01 / 2015**  
**Transaction ID : C3115322**  
Amount of Each Receipt this Period **100.00**

**C. John L Mahoney**  
Full Name (Last, First, Middle Initial)  
Mailing Address South Shore Hospital 55 Fogg Rd  
City South Weymouth State MA Zip Code 02190-2432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Shore Hospital Occupation Diagnostic Radiologist  
Receipt For: 2015  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 01 / 2015**  
**Transaction ID : C3115323**  
Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **409.00**  
**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 37 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 03 / 2015**

**Transaction ID : C3106127**

Amount of Each Receipt this Period **23.07**

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

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109101**

Amount of Each Receipt this Period **23.07**

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

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109102**

Amount of Each Receipt this Period **23.07**

**SUBTOTAL** of Receipts This Page (optional)..... **69.21**

**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 38 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1810 loudon heights rd

City Charleston State WV Zip Code 25314

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

Name of Employer KVR, Inc. Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C3115240**

Amount of Each Receipt this Period  
**272.73**

Full Name (Last, First, Middle Initial)  
**B. Alexander S Mark**

Mailing Address Bethesda MRI  
7830 Old Georgetown Rd Ste 40

City Bethesda State MD Zip Code 20814-2432

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

Name of Employer Bethesda MRI&CT and Virginia MRI Occupation Diagnostic Radiologist

Receipt For: 2014  
 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 / 2015**

**Transaction ID : C3099230**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. James A McGee**

Mailing Address 815 W Bennett Ct

City Dunlap State IL Zip Code 61525-9356

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2015**

**Transaction ID : C3104140**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>547.73</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Geraldine B McGinty**

Mailing Address 131 Avenue B Apt 3C

City State Zip Code  
New York NY 10009-5029

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

Name of Employer Occupation  
Montefiore Imaging Center Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 05 / 2015  
**Transaction ID : C3087645**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 400 N Harbor Lights Dr

City State Zip Code  
Ponte Vedra Beach FL 32081

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

Name of Employer Occupation  
Mayo Clinic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
09 / 12 / 2015  
**Transaction ID : C3115232**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 16 Cape Cod Ln

City State Zip Code  
East Amherst NY 14051-1087

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

Name of Employer Occupation  
Windsong Radiology Group Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.68

Date of Receipt  
09 / 28 / 2015  
**Transaction ID : C3115372**

Amount of Each Receipt this Period  
62.52

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	247.52
<b>TOTAL</b> 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 40 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mitchell Alan Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Court  
#1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.40**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : C3106131**

Amount of Each Receipt this Period  
**23.07**

**B. Mitchell Alan Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Court  
#1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.40**

Date of Receipt  
**09 / 17 / 2015**

**Transaction ID : C3109108**

Amount of Each Receipt this Period  
**23.07**

**C. Mitchell Alan Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Court  
#1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.40**

Date of Receipt  
**09 / 17 / 2015**

**Transaction ID : C3109109**

Amount of Each Receipt this Period  
**23.07**

**SUBTOTAL** of Receipts This Page (optional)..... **69.21**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Steven L Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Moffat Rd  
 City Waban State MA Zip Code 02468-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newton Wellesley Hosp Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2015  
**Transaction ID : C3087695**  
 Amount of Each Receipt this Period  
 250.00

**B. Slobodan Miseljc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Lawrence St  
 City Boston State MA Zip Code 02116-6211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For: 2015  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115324**  
 Amount of Each Receipt this Period  
 100.00

**c. Irene Mogil DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 Goodrich Rd  
 City Clarence State NY Zip Code 14031-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist  
 Receipt For: 2015  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : C3115373**  
 Amount of Each Receipt this Period  
 62.52

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	412.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jonathan Asher Morgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Roscommon Dr  
 City State Zip Code  
 Newtown Square PA 19073-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Radiology Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115455**  
 Amount of Each Receipt this Period  
 120.00

**B. Ellen B Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Eagle Dr  
 City State Zip Code  
 Canton MA 02021-1573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Shore Hospital Diagnostic Radiologist  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115325**  
 Amount of Each Receipt this Period  
 75.00

**C. Demetrius Konstantine Morros**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7418 Ridgcrest Court Rd  
 City State Zip Code  
 Birmingham AL 35242-0525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Birmingham Radiological Group P.C. Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2015  
**Transaction ID : C3087646**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	278.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kurt Andrew Muetterties**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Painter Rd  
 City State Zip Code  
 Media PA 19063-4518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Radiology Ltd. Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115456**  
 Amount of Each Receipt this Period  
 120.00

**B. William A Murphy JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UT MD Anderson Cancer Ctr  
 1515 Holcombe Blvd Unit 1475  
 City State Zip Code  
 Houston TX 77030-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Texas Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : C3099462**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mohit Madan Naik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 W End Ave Apt 18C  
 City State Zip Code  
 New York NY 10024-5785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hackensack Radiology Group Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : C3106149**  
 Amount of Each Receipt this Period  
 23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1143.07
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mohit Madan Naik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 W End Ave Apt 18C  
 City State Zip Code  
 New York NY 10024-5785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hackensack Radiology Group Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : C3109131**  
 Amount of Each Receipt this Period  
 23.07

**B. Mohit Madan Naik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 W End Ave Apt 18C  
 City State Zip Code  
 New York NY 10024-5785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hackensack Radiology Group Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : C3109132**  
 Amount of Each Receipt this Period  
 23.07

**C. Khozaim Zein Nakhoda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3831 Rotherfield Ln  
 City State Zip Code  
 Chadds Ford PA 19317-8925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Radiology Diagnostic Radiologist  
 Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115457**  
 Amount of Each Receipt this Period  
 120.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	166.14
<b>TOTAL</b> 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 45 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brandi Tamara Nicholson MD**  
 Full Name (Last, First, Middle Initial)  
 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 University of Virginia Occupation Diagnostic Radiologist  
 Receipt For: 2014  
 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 / 02 / 2015  
**Transaction ID : C3085451**  
 Amount of Each Receipt this Period  
 25.00

**B. Gregory Neal Nicola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Riverside Blvd Apt 14P  
 City New York State NY Zip Code 10069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : C3106156**  
 Amount of Each Receipt this Period  
 23.07

**C. Gregory Neal Nicola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Riverside Blvd Apt 14P  
 City New York State NY Zip Code 10069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : C3109142**  
 Amount of Each Receipt this Period  
 23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.14
<b>TOTAL</b> 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 46 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 80 Riverside Blvd Apt 14P

City New York State NY Zip Code 10069

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : C3109141**

Amount of Each Receipt this Period  
**23.07**

**B. Andrew W Osiason**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2015**

**Transaction ID : C3106155**

Amount of Each Receipt this Period  
**23.07**

**C. Andrew W Osiason**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : C3109139**

Amount of Each Receipt this Period  
**23.07**

**SUBTOTAL** of Receipts This Page (optional)..... **69.21**

**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 47 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)  
**A. Andrew W Osiason**

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : C3109140**

Amount of Each Receipt this Period  
**23.07**

Full Name (Last, First, Middle Initial)  
**B. David Panush**

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 Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2015**

**Transaction ID : C3106136**

Amount of Each Receipt this Period  
**23.07**

Full Name (Last, First, Middle Initial)  
**c. David Panush**

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : C3109117**

Amount of Each Receipt this Period  
**23.07**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>69.21</b>
<b>TOTAL</b> 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 48 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Panush</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : C3109118</b>
Mailing Address 538 E 84th St Apt 4E		Amount of Each Receipt this Period 23.07
City New York	State NY	Zip Code 10028-7357
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

Full Name (Last, First, Middle Initial) <b>B. Dhiren Y Patel MD</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2015 <b>Transaction ID : C3115266</b>
Mailing Address 1041 Bluestone Dr		Amount of Each Receipt this Period 50.00
City Lititz	State PA	Zip Code 17543-6900
FEC ID number of contributing federal political committee. C		
Name of Employer Lancaster Radiology Associates, Ltd.	Occupation Diagnostic Radiologist	
Receipt For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>c. Divyesh Gaju Patel MD</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2015 <b>Transaction ID : C3099231</b>
Mailing Address 1143 Treadway Rd		Amount of Each Receipt this Period 100.00
City Munster	State IN	Zip Code 46321-2856
FEC ID number of contributing federal political committee. C		
Name of Employer Radiologic Associates of Northwest Ind	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.07
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rita S Patel</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 <b>Transaction ID : C3106133</b>
Mailing Address 3 Ware Rd		Amount of Each Receipt this Period 23.07
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

Full Name (Last, First, Middle Initial) <b>B. Rita S Patel</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : C3109112</b>
Mailing Address 3 Ware Rd		Amount of Each Receipt this Period 23.07
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

Full Name (Last, First, Middle Initial) <b>C. Rita S Patel</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : C3109113</b>
Mailing Address 3 Ware Rd		Amount of Each Receipt this Period 23.07
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.21
<b>TOTAL</b> 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 50 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sean Donovan Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City	State	Zip Code
Long Island City	NY	11101-5604

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

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

**Transaction ID : C3106140**

Amount of Each Receipt this Period  

30.00
-------

**B. Sean Donovan Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City	State	Zip Code
Long Island City	NY	11101-5604

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

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : C3109125**

Amount of Each Receipt this Period  

30.00
-------

**C. Sean Donovan Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 48th Ave Apt 2A

City	State	Zip Code
Long Island City	NY	11101-5604

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

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : C3109126**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 60 Charlotte Rd

City State Zip Code  
Newton MA 02459-1708

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

Name of Employer Occupation  
South Shore Hospital Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2015  
**Transaction ID : C3115326**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Tyler Marshall Prout**

Mailing Address 5853 Persimmon Dr

City State Zip Code  
Fitchburg WI 53711-5005

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

Name of Employer Occupation  
UW Health Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2015  
**Transaction ID : C3086137**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 505 Ivy Lane

City State Zip Code  
Wyckoff NJ 07481-1072

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2015  
**Transaction ID : C3106145**

Amount of Each Receipt this Period  
23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	488.07
<b>TOTAL</b> 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 52 OF 81
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 505 Ivy Lane

City Wyckoff State NJ Zip Code 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109128**

Amount of Each Receipt this Period **23.07**

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

Mailing Address 505 Ivy Lane

City Wyckoff State NJ Zip Code 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109129**

Amount of Each Receipt this Period **23.07**

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

Mailing Address 116 Harwicke Rd

City Springfield State PA Zip Code 19064

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C3115458**

Amount of Each Receipt this Period **120.00**

**SUBTOTAL** of Receipts This Page (optional)..... **166.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14348 Manderleigh Woods Dr

City	State	Zip Code
Town and Country	MO	63017-8056

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

Name of Employer	Occupation
West County Radiological Group	Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C3115387**

Amount of Each Receipt this Period  

250.00	128.00
--------	--------

**42.00**

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

Mailing Address 718 Marsh Point Rd

City	State	Zip Code
Evans	GA	30809

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

Name of Employer	Occupation
Medical College of Georgia	Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

**Transaction ID : C3087696**

Amount of Each Receipt this Period  

250.00	128.34
--------	--------

**83.34**

**C. Robert A Rhodes III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1041 Maple Ct

City	State	Zip Code
Athens	GA	30606-5746

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

Name of Employer	Occupation
Athens Radiology Associates	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	/	2015

**Transaction ID : C3087723**

Amount of Each Receipt this Period  

250.00	125.00
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**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1013 Saint Pauls Ln

City Morgantown State WV Zip Code 26505-1503

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

Name of Employer Kanawha Valley Radiologists Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : C3115241**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 7849 Stanford Ave

City Saint Louis State MO Zip Code 63130-3611

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

Name of Employer Central Illinois Neurosciences Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : C3115388**

Amount of Each Receipt this Period  
**50.00**

**C. Eric Matthew Rubin**  
Full Name (Last, First, Middle Initial)

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 Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : C3115459**

Amount of Each Receipt this Period  
**120.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **320.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Stuart J Rubin**

Mailing Address 8176 Driftwood Ct

City State Zip Code  
Williamsville NY 14221-8501

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

Name of Employer Occupation  
Windsong Radiology Group Physician

Receipt For: 2015  
 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 / 28 / 2015  
**Transaction ID : C3115374**

Amount of Each Receipt this Period  
62.52

Full Name (Last, First, Middle Initial)  
**B. Edna M Ruiz**

Mailing Address Romany Park C-4 3rd St

City State Zip Code  
San Juan PR 00926

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

Name of Employer Occupation  
VA Hospital Diagnostic Radiologist

Receipt For: 2014  
 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 / 27 / 2015  
**Transaction ID : C3105817**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 129 Merrimac St Unit 15

City State Zip Code  
Newburyport MA 01950-2455

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

Name of Employer Occupation  
Windsong Radiology Group Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : C3115376**

Amount of Each Receipt this Period  
62.52

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 81
	<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**

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

Mailing Address 916 Winding Way

City State Zip Code  
Media PA 19063-1656

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

Name of Employer Occupation  
Southeast Radiology Diagnostic Radiologist

Receipt For: 2015  
 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 / 30 / 2015

**Transaction ID : C3115460**

Amount of Each Receipt this Period  
120.00

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

Mailing Address 2136 Peacock Lane

City State Zip Code  
Birmingham AL 35223-1708

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

Name of Employer Occupation  
Advanced Imaging Assoc of AL Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2015

**Transaction ID : C3105818**

Amount of Each Receipt this Period  
100.00

**c. Joseph Christian Scales MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Forbes Dr SE

City State Zip Code  
Huntsville AL 35802-1208

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

Name of Employer Occupation  
Radiology of Huntsville Diagnostic Radiologist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2015

**Transaction ID : C3084938**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> 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 57 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 126 Mill Brook Ln

City State Zip Code  
Media PA 19063-6319

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

Name of Employer Occupation  
Southeast Radiology Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**360.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C3115461**

Amount of Each Receipt this Period  
**120.00**

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

Mailing Address 11826 Dorothy St Apt 301

City State Zip Code  
Los Angeles CA 90049-5384

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

Name of Employer Occupation  
UCLA Diagnostic Radiologist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**09 / 28 / 2015**

**Transaction ID : C3105931**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**c. Nancy Marie Sherwin**

Mailing Address The Lankenau Hospital  
100 E Lancaster Ave

City State Zip Code  
Wynnewood PA 19096-3483

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

Name of Employer Occupation  
Radiology Associates of the Main Line Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**280.00**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : C3115415**

Amount of Each Receipt this Period  
**120.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</b>
<b>TOTAL</b> 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 58 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1182 Oakmont Dr

City Lancaster State PA Zip Code 17601-5079

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**09 / 02 / 2015**

**Transaction ID : C3115263**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Stefan M Skalina**

Mailing Address 19 Brookside Rd

City Wallingford State PA Zip Code 19086-6208

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C3115462**

Amount of Each Receipt this Period  
**120.00**

Full Name (Last, First, Middle Initial)  
**C. Teresa J Small**

Mailing Address 10540 Stoneway

City Clarence State NY Zip Code 14031-2100

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

Name of Employer Windsong Radiology Group Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 28 / 2015**

**Transaction ID : C3115377**

Amount of Each Receipt this Period  
**62.52**

**SUBTOTAL** of Receipts This Page (optional)..... **232.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Eric L Snitzer**  
Full Name (Last, First, Middle Initial)

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 Windsong Radiology Group Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : C3115378**

Amount of Each Receipt this Period 62.52

**B. Damon Randall Soeiro MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 S Swarthmore Ave

City Swarthmore State PA Zip Code 19081-1603

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : C3115463**

Amount of Each Receipt this Period 120.00

**C. Eric J Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address Bryn Mawr Hospital  
130 S Bryn Mawr Ave

City Bryn Mawr State PA Zip Code 19010-3143

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

Name of Employer Radiology Associates of the Main Line Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 758.38

Date of Receipt 09 / 03 / 2015  
**Transaction ID : C3115416**

Amount of Each Receipt this Period 325.02

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 507.54

**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 60 OF 81
	<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**

**A. Joseph R Stock**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Plush Mill Road

City Wallingford State PA Zip Code 19086-6018

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C3115464**

Amount of Each Receipt this Period  
**120.00**

**B. Alan Howard Stolpen**  
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Iowa Hosp and Clinics  
200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Univ of Iowa Hosp and Clinics Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**09 / 27 / 2015**

**Transaction ID : C3105819**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 2 Avery St Apt 31A

City Boston State MA Zip Code 02111-1017

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

Name of Employer New England Medical Center Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**09 / 01 / 2015**

**Transaction ID : C3115327**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>720.00</b>
<b>TOTAL</b> 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 61 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard F Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Bates Way

City Hanover State MA Zip Code 02339-1597

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

Name of Employer Department of Radiology Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : C3115328**

Amount of Each Receipt this Period  
**100.00**

**B. Thomas A Summers**  
Full Name (Last, First, Middle Initial)

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 Windsong Radiology Group Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
09 / 28 / 2015  
**Transaction ID : C3115379**

Amount of Each Receipt this Period  
**62.52**

**c. Janet H Sung**  
Full Name (Last, First, Middle Initial)

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 Windsong Radiology Group Occupation Chief

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
09 / 28 / 2015  
**Transaction ID : C3115380**

Amount of Each Receipt this Period  
**62.52**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 81
<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**

**A. James N Suojanen**  
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital  
55 Fogg Rd

City South Weymouth State MA Zip Code 02190-2455

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : C3115329**

Amount of Each Receipt this Period  
**100.00**

**B. Margaret M Szabunio**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Golf Club Dr

City Nicholasville State KY Zip Code 40356-6016

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

Name of Employer Univ. of KY Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : C3085902**

Amount of Each Receipt this Period  
**250.00**

**C. Richard N Taxin**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Hilltop Rd

City Rose Valley State PA Zip Code 19086-6216

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : C3115465**

Amount of Each Receipt this Period  
**120.00**

**SUBTOTAL** of Receipts This Page (optional)..... **470.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Shawn DeWayne Teague**  
Full Name (Last, First, Middle Initial)

Mailing Address 11844 Tarver Ct

City Fishers State IN Zip Code 46037-8277

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

Name of Employer Indiana Univ School of Medicine Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 27 / 2015  
**Transaction ID : C3115234**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3 Brookside Ln

City Saint Louis State MO Zip Code 63124-1814

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : C3115389**

Amount of Each Receipt this Period  
75.00

**C. Patrick J Toth**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 80th St Apt 8F

City New York State NY Zip Code 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : C3106126**

Amount of Each Receipt this Period  
23.07

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.07
<b>TOTAL</b> 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 64 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Patrick J Toth**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 80th St Apt 8F

City New York State NY Zip Code 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109099**

Amount of Each Receipt this Period **23.07**

**B. Patrick J Toth**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 80th St Apt 8F

City New York State NY Zip Code 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt **09 / 17 / 2015**

**Transaction ID : C3109100**

Amount of Each Receipt this Period **23.07**

**C. Peter R Wahba MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 261 Woodhill Ln

City Media State PA Zip Code 19063-1964

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For: 2015  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 03 / 2015**

**Transaction ID : C3115417**

Amount of Each Receipt this Period **120.00**

**SUBTOTAL** of Receipts This Page (optional)..... **166.14**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 81
	<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**

**A. Simon Westacott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1965 Glendower Dr  
City Lancaster State PA Zip Code 17601-4945  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist  
Receipt For: 2015  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2015  
**Transaction ID : C3115267**  
Amount of Each Receipt this Period  
100.00

**B. Patrick Noel Weybright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1234 Mastersonville Rd  
City Manheim State PA Zip Code 17545-9461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist  
Receipt For: 2015  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2015  
**Transaction ID : C3115265**  
Amount of Each Receipt this Period  
100.00

**C. C Amy Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 W Tulpehocken St  
City Philadelphia State PA Zip Code 19144-2620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southeast Radiology Occupation Diagnostic Radiologist  
Receipt For: 2015  
 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 / 30 / 2015  
**Transaction ID : C3115466**  
Amount of Each Receipt this Period  
120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mark D Wittry**

Mailing Address 10525 Concord School Rd

City State Zip Code  
Saint Louis MO 63128-1232

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.06**

Date of Receipt  
**09 / 08 / 2015**

**Transaction ID : C3087842**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**B. David M Wolf**

Mailing Address PO Box 469

City State Zip Code  
Clarence Center NY 14032

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

Name of Employer Occupation  
Windsong Radiology Group Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 28 / 2015**

**Transaction ID : C3115381**

Amount of Each Receipt this Period  
**62.52**

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

Mailing Address 555 W 59th St Apt 19E

City State Zip Code  
New York NY 10019-1241

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**461.40**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : C3106128**

Amount of Each Receipt this Period  
**23.07**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>168.93</b>
<b>TOTAL</b> 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 67 OF 81
	<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**

**A. Clement Yang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 W 59th St Apt 19E  
 City New York State NY Zip Code 10019-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : C3109104**  
 Amount of Each Receipt this Period  
 23.07

**B. Clement Yang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 W 59th St Apt 19E  
 City New York State NY Zip Code 10019-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : C3109105**  
 Amount of Each Receipt this Period  
 23.07

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.14
<b>TOTAL</b> This Period (last page this line number only).....▶	21755.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank of America - Hard**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : D168704**

Amount of Each Disbursement this Period

846.80

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

846.80

846.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CHESAPEAKE PAC**

Mailing Address 170 OLD ENTERPRISE ROAD  
PO BOX 5323

City UPPER MARLORO State MD Zip Code 20774

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168661

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Conservatives Restoring Excellence (CRE-PAC)**

Mailing Address PO BOX 98629

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168666

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. IMPACT**

Mailing Address 509 MADISON AVE.  
SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168673

Amount of Each Disbursement this Period

5000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168677

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : D168678

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to a National Committee Building Fund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Headquarters

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168700

Amount of Each Disbursement this Period

15000.00

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

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

23000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Bill Flores**

Office Sought:  House  
 Senate  
 President  
State: TX District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168668

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Bill Johnson**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : D168674

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PASCRELL FOR CONGRESS**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Bill Pascrell Jr.**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168682

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Chris Collins**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 27

Date of Disbursement

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

Transaction ID : D168662

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Denny Heck**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 10

Date of Disbursement

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

Transaction ID : D168669

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GEORGE HOLDING FOR CONGRESS INC.**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. George Holding**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 13

Date of Disbursement

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

Transaction ID : D168671

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	0	0	0	.	0	0
---	---	---	---	---	---	---

4	0	0	0	.	0	0
---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Joe Heck**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : D168670**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kevin McCarthy**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : D168679**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. KRISTI FOR CONGRESS**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kristi Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : D168681**

Amount of Each Disbursement this Period

1000.00

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

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

8500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WALTERS FOR CONGRESS**

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Mimi Walters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168697**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NORMA TORRES FOR CONGRESS**

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Norma J. Torres**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168692**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Paul Tonko**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168689**

Amount of Each Disbursement this Period

1500.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Raul Ruiz**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168683**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 Magnolia Ter

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Richard E. Neal**

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

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168680**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Richard Hudson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168672**

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DOLD FOR CONGRESS**

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Robert J. Dold**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168665

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Ron Kind**

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

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168676

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROSA DELAURO**

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Rosa DeLauro**

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

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : D168664

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE FINCHER FOR CONGRESS**

Mailing Address PO BOX 11153

City JACKSON State TN Zip Code 38308

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Stephen Fincher**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

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

**Transaction ID : D168667**

Amount of Each Disbursement this Period

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

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

**Transaction ID : D168686**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

**Transaction ID : D168687**

Amount of Each Disbursement this Period

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

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

1	2	5	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SAC PAC**

Mailing Address P.O. Box 83142

City Gaithesburg State MD Zip Code 20883

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168684**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 31050

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Sen. Kelly Ayotte**

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : D168659**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Sen. Michael Bennet**

Office Sought:  House  
 Senate  
 President  
State: CO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : D168660**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Sen. Michael Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

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

**Transaction ID : D168703**

Amount of Each Disbursement this Period

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

**B. MIKE CRAPO FOR US SENATE**

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Sen. Michael D. Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District: 00

Date of Disbursement

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

**Transaction ID : D168663**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : D168693**

Amount of Each Disbursement this Period

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

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. YoPAC**

Mailing Address 3410 Alabama Ave

City Alexandria State VA Zip Code 22305-1736

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 25 / 2015

**Transaction ID : D168699**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

2500.00

100000.00