

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

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00343459
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2026
Mailing Address 808 N. Irena Unit B		Amount 39030.00
City Redondo Beach	State CA	Zip Code 90277
Purpose of Expenditure Digital Marketing for DR SAM FOR CONGRESS	Category/ Type	Transaction ID : ED15247CA0C7143F1A4B Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate McCown, Sam, , Dr.,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2026
Mailing Address 808 N. Irena Unit B		Amount 29464.34
City Redondo Beach	State CA	Zip Code 90277
Purpose of Expenditure Mail Marketing for DR SAM FOR CONGRESS	Category/ Type	Transaction ID : E3D600729192442BFA6D Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate McCown, Sam, , Dr.,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68494.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	68494.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scanlon, Mary, H, Dr., MD, FACR

Signature

Date

MM / DD / YYYY
05 / 27 / 2026