

# 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] / [ ] / [ ] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period [02] / [01] / [2018] through [02] / [28] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Scanlon, Mary, F, , MD, FACR  
Type or Print Name of Treasurer

Signature of Treasurer *Scanlon, Mary, F, , MD, FACR* [Electronically Filed] Date [03] / [16] / [2018]

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**American College of Radiology Association PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		918586.30
(b) Cash on Hand at Beginning of Reporting Period.....	1028654.58	
(c) Total Receipts (from Line 19) .....	27130.90	170008.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1055785.48	1088595.27
7. Total Disbursements (from Line 31).....	35571.87	68381.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1020213.61	1020213.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: 02 / 01 / 2018 To: 02 / 28 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19305.78	144786.06
(ii) Unitemized .....	7825.12	25222.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27130.90	170008.97
(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) .....	27130.90	170008.97
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	0.00
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)).....▶	27130.90	170008.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27130.90	170008.97

**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 .....	571.87	1381.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	571.87	1381.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	67000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35571.87	68381.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35571.87	68381.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27130.90	170008.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27130.90	170008.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	571.87	1381.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	571.87	1381.66

**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 6 OF 27
<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

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. Ahmed, Christopher, Rauf, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Royal Highlands Ln  
 City Dothan State AL Zip Code 36305-9345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt 02 / 21 / 2018  
**Transaction ID : C3683765**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

**B. Alexander, Julia, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Asphodel Dr  
 City Dothan State AL Zip Code 36303-2984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt 02 / 21 / 2018  
**Transaction ID : C3683766**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

**C. Ballester, Gory, , , Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Senderos en Montehiedra Calle Acuamarina #56  
 City San Juan State PR Zip Code 00926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Puerto Rico Occupation (for Individual) Radiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : C3671803**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.84
<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 27
<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. Beckett, William, W, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Fairview Ave  
 City Dothan State AL Zip Code 36301-3099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3683767**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

**B. Berland, Lincoln, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 Brookwood Trce  
 City Birmingham State AL Zip Code 35223-2879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Alabama Health Services Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 27 / 2018**  
**Transaction ID : C3674519**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bolton, J, Scott, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Hunters Glenn Rd  
 City Dothan State AL Zip Code 36303-2468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan, P.C. Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3683768**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2020.84
<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 27
	<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. Boswell, Gilbert, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6272 Belmont Trail Ct  
 City San Diego State CA Zip Code 92130-6819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Med Ctr San Diego Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2018  
**Transaction ID : C3666782**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dinan, David, , , Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5445 16th St  
 City Vero Beach State FL Zip Code 32966-2382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours Children's Hospital Occupation (for Individual) Pediatric Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2018  
**Transaction ID : C3670996**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Downing, Michael, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Radiology Associates of Dothan  
 1900 Fairview Ave  
 City Dothan State AL Zip Code 36301-3099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : C3683769**  
 Amount of Each Receipt this Period  
 510.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1010.42
<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 9 OF 27
<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. Farrell, Timothy, P, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Killarney

City Williamsburg	State VA	Zip Code 23188-8415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peninsula Radiological Associates	Occupation (for Individual) Radiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3671804**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Fernandez, Stephen, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Fairview Ave

City Dothan	State AL	Zip Code 36301-3008
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiology Associates of Dothan	Occupation (for Individual) Diagnostic Radiologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3683770**

Amount of Each Receipt this Period  
510.42

Memo Item

**C. Gu, Liang, , , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Red Cypress Run

City Midland City	State AL	Zip Code 36350-0020
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dothan Radiology	Occupation (for Individual) Radiologist
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3683771**

Amount of Each Receipt this Period  
510.42

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.84
<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 27
<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. Hawkins, C, Matthew, , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 Woodlawn Ave

City Decatur	State GA	Zip Code 30030-2309
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emory University	Occupation (for Individual) Pediatric Interventional Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2018

**Transaction ID : C3683888**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Hellewell, Timothy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1116 Running Cedar Way

City Lynchburg	State VA	Zip Code 24503-1961
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) radiology consultants of lynchburg	Occupation (for Individual) Diagnostic Radiologist
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Receipt For: 2018  
 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
02	/	13	/	2018

**Transaction ID : C3667611**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Higginson, Sean, N, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Nationwide Dr

City Lynchburg	State VA	Zip Code 24502-4679
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiology Consultants of Lynchburg	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

**Transaction ID : C3672984**

Amount of Each Receipt this Period  
650.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 27
<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. Hite, Kenneth, Clarke, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 434 New Britain Dr

City Lynchburg	State VA	Zip Code 24503-2143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiology Consultants of Lynchburg	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018  
 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
02	/	02	/	2018

**Transaction ID : C3662284**

Amount of Each Receipt this Period  

365.00
--------

 Memo Item

**B. Hollman, Anthony, D, , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Morning Glory Ln

City Dothan	State AL	Zip Code 36305-5819
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dothan Radiology	Occupation (for Individual) Radiologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3683772**

Amount of Each Receipt this Period  

510.42
--------

 Memo Item

**C. Holloway, Charles, Hugh, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Fairview Ave

City Headland	State AL	Zip Code 36345-8483
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiology Associates of Dothan	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3683773**

Amount of Each Receipt this Period  

510.42
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1385.84
<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 27
	<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. Klitzke, Alan, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 83 Bryant Street  
 Apt 5A  
 City Buffalo State NY Zip Code 14209-1831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roswell Park Comprehensive Cancer Cent Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  
 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  
 02 / 15 / 2018  
**Transaction ID : C3668727**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Lantrip, Bryan, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 Northwind Dr  
 City Brandon State MS Zip Code 39047-8683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMC Radiological Group Occupation (for Individual) Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2018  
**Transaction ID : C3683894**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. LeQuire, Mark, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Montgomery Radiology Associates, P.A. Occupation (for Individual) Physician  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2018  
**Transaction ID : C3669356**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 13 OF 27
<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. Lund, Eric, Conrad, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Asphodel Dr  
 City Dothan State AL Zip Code 36303-2984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3683774**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

**B. McGee, James, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Radiology Partners Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3671754**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Miller, John, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Ridgeland St  
 City Beaumont State TX Zip Code 77706-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 06 / 2018**  
**Transaction ID : C3683717**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1760.42
<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 27
<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. Nasim, Ali, K, , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 Wrenn Meadow Ct

City Apex	State NC	Zip Code 27539-5110
--------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Radiology, PA	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2018

**Transaction ID : C3683712**

Amount of Each Receipt this Period  
260.00

Memo Item

**B. Patel, Amy, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 S Huntington Ave Apt 521

City Jamaica Plain	State MA	Zip Code 02130-4853
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Beth Israel Deaconess Medical Center	Occupation (for Individual) Radiologist
---	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2018

**Transaction ID : C3669358**

Amount of Each Receipt this Period  
208.34

Memo Item

**C. Pema, Peter, James, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2230 Cambridge Blvd

City Columbus	State OH	Zip Code 43221-4108
------------------	-------------	------------------------

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

Name of Employer (for Individual) Riverside Methodist Hospital	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2018

**Transaction ID : C3683715**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	718.34
<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:	PAGE 15 OF 27
	(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. Poghosyan, Tereza, , , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 216 Grey Fox Ln

City Fayetteville	State NC	Zip Code 28303-5098
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Radiology, PA	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2018

**Transaction ID : C3683711**

Amount of Each Receipt this Period  
260.00

Memo Item

**B. Pohl, David, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 755 Kraffel Ln

City Town And Country	State MO	Zip Code 63017-8060
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiologic Imaging Consultants	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2018

**Transaction ID : C3683799**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Poulton, Thomas, Bernard, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Aultman Hospital  
2600 6th St SW

City Canton	State OH	Zip Code 44710-1799
----------------	-------------	------------------------

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

Name of Employer (for Individual) Aultman Hospital	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2018

**Transaction ID : C3670971**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<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 27
<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. Preisser, Rachel, B, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14405 Clearview Ln

City Urbandale	State IA	Zip Code 50323-2086
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The Iowa Clinic	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : C3683798**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Pritchard, Traci, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38055 N Miramonte Dr

City Cave Creek	State AZ	Zip Code 85331-8553
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Diagnostic Imaging Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018  
 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
02	/	18	/	2018

**Transaction ID : C3670993**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Rapoport, Robert, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Wedgewood Dr

City Delmar	State NY	Zip Code 12054-1323
----------------	-------------	------------------------

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

Name of Employer (for Individual) Northeast Medical Imaging	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2018  
 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
02	/	21	/	2018

**Transaction ID : C3671755**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 17 OF 27
<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. Robinson, Ronald, Philip, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Sheffield Ave

City Beaufort	State SC	Zip Code 29907-1754
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Imaging Ctr of Aiken	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2018

**Transaction ID : C3683716**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Schepens, Daniel, Williams, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1695 Trents Ferry Rd

City Lynchburg	State VA	Zip Code 24503-6456
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Consultants of Lynchburg	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2018

**Transaction ID : C3667610**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Siebert, Derrick, , , Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1012

City Wausau	State WI	Zip Code 54402-1012
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of Wausau S.C.	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2018

**Transaction ID : C3684600**

Amount of Each Receipt this Period  
240.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1105.00
<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 18 OF 27
	<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. Siebert, Derrick, , , Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1012  
 City Wausau State WI Zip Code 54402-1012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Wausau S.C. Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : C3683892**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**B. Stolpen, Alan, Howard, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Pendale Terrace NE  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2018  
**Transaction ID : C3673504**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Storm, Brett, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Glencoe Way  
 City Dothan State AL Zip Code 36305-6978  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.42

Date of Receipt 02 / 21 / 2018  
**Transaction ID : C3683775**  
 Amount of Each Receipt this Period 510.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.42
<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 19 OF 27
	<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. Theisen, Sean, Edward, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Whispering Maples Ct  
 City Ann Arbor State MI Zip Code 48108-2492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HVR Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2018  
**Transaction ID : C3670963**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Turner, Sibley, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Fairview Ave  
 City Dothan State AL Zip Code 36301-3008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Associates of Dothan, PC Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 382.82

Date of Receipt 02 / 21 / 2018  
**Transaction ID : C3683776**  
 Amount of Each Receipt this Period 382.82  
 Memo Item

**C. Warren, Lance, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Bethel Park Dr  
 City Lynchburg State VA Zip Code 24502-5262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Consultants of Lynchburg Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 10 / 2018  
**Transaction ID : C3666785**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1232.82
<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 27
	<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. Wasserman, Paul, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7533 Hollyridge Rd  
 City Jacksonville State FL Zip Code 32256-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UF Health Jacksonville Occupation (for Individual) Diagnostic Radiologist  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2018  
**Transaction ID : C3664086**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Yanagi, Grant, J, , Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 486 Windwood On Skye  
 City Fayetteville State NC Zip Code 28303-4777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Regional Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2018  
**Transaction ID : C3683713**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item

**C. Zalaznik, Mark, Stephen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2861 Skye Dr  
 City Fayetteville State NC Zip Code 28303-5924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Radiology, PA Occupation (for Individual) Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2018  
**Transaction ID : C3683714**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<b>TOTAL</b> This Period (last page this line number only).....	19305.78

**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"/> 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**

**A. Bank of America - Hard**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : D182665

Amount of Each Disbursement this Period: 571.87

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	571.87
<b>TOTAL</b> This Period (last page this line number only).....▶	571.87

**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"/> 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**

**A. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Full Name (Last, First, Middle Initial)

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  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 22 / 2018

FEC Identification Number C00271338  
Transaction ID : D182603  
Amount of Each Disbursement this Period 2000.00

Memo Item

**B. CMR POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

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 02 / 22 / 2018

FEC Identification Number C00469429  
Transaction ID : D182608  
Amount of Each Disbursement this Period 1000.00

Memo Item

**C. CMR POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

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 02 / 16 / 2018

FEC Identification Number C00469429  
Transaction ID : D182662  
Amount of Each Disbursement this Period 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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"/> 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. FUND FOR A CONSERVATIVE FUTURE**

Mailing Address PO Box 96

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00326082

Transaction ID : D182651

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00528414

Transaction ID : D182610

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00428052

Transaction ID : D182606

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00

**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"/> 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**

**A. NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 116 S ROYAL STREET

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: 02 / 22 / 2018

FEC Identification Number: C00343947  
**Transaction ID : D182612**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Nunes, Devin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 22

Date of Disbursement: 02 / 22 / 2018

FEC Identification Number: C00370056  
**Transaction ID : D182607**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. WALDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Walden, Greg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement: 02 / 22 / 2018

FEC Identification Number: C00333427  
**Transaction ID : D182605**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

**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"/> 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) <b>A. CROWLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 84-56 GRAND AVENUE		FEC Identification Number C C00338954 <b>Transaction ID : D182609</b>
City ELMHURST	State NY	Zip Code 11373
Purpose of Disbursement Contribution to a Federal Campaign		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Crowley, Joseph, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 14	

Full Name (Last, First, Middle Initial) <b>B. CASTOR FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 301 W PLATT STREET, #385		FEC Identification Number C C00410761 <b>Transaction ID : D182602</b>
City TAMPA	State FL	Zip Code 33606
Purpose of Disbursement Contribution to a Federal Campaign		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Castor, Kathy, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 14	

Full Name (Last, First, Middle Initial) <b>C. KURT SCHRADER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO BOX 3314		FEC Identification Number C C00446906 <b>Transaction ID : D182614</b>
City OREGON CITY	State OR	Zip Code 97045
Purpose of Disbursement Contribution to a Federal Campaign		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Schrader, Kurt, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	

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

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

6500.00

**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"/> 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) <b>A. KURT SCHRADER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address PO BOX 3314		FEC Identification Number C 000446906 <b>Transaction ID : D182615</b> Amount of Each Disbursement this Period 2000.00
City OREGON CITY	State OR	Zip Code 97045
Purpose of Disbursement Contribution to a Federal Campaign		Category/ Type
Candidate Name <b>Schrader, Kurt, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BURGESS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO BOX 2334		FEC Identification Number C 000372532 <b>Transaction ID : D182611</b> Amount of Each Disbursement this Period 5000.00
City DENTON	State TX	Zip Code 76202
Purpose of Disbursement Contribution to a Federal Campaign		Category/ Type
Candidate Name <b>Burgess, Michael, C., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 26	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO BOX 2485		FEC Identification Number C 000467431 <b>Transaction ID : D182613</b> Amount of Each Disbursement this Period 2500.00
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement Contribution to a Leadership PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9500.00
<b>TOTAL</b> 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"/> 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. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

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 Y Y  
02 / 16 / 2018

FEC Identification Number

C C00467431

Transaction ID : D182661

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

35000.00