

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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 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 04 / 01 / 2016 through 04 / 30 / 2016

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 04 / 20 / 2016

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)

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="2016"/>		858900.63
(b) Cash on Hand at Beginning of Reporting Period.....	837530.83	
(c) Total Receipts (from Line 19) .....	162255.48	480888.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	999786.31	1339788.72
7. Total Disbursements (from Line 31).....	74569.41	414571.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	925216.90	925216.90
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

FEC Form 3X (Rev. 06/2004)

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).....	143638.38	411819.91
(ii) Unitemized .....	18617.10	69068.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	162255.48	480888.09
(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) .....	162255.48	480888.09
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))..... ▶	162255.48	480888.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	162255.48	480888.09

**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 .....	1569.41	4821.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1569.41	4821.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	333500.00
24. Independent Expenditures (use Schedule E) .....	0.00	76250.47
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	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 .....	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)) ..	74569.41	414571.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74569.41	414571.82

**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) .....	162255.48	480888.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	162255.48	480888.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1569.41	4821.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1569.41	4821.35

**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 128
	<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
-----------------------------	-----------------------------	-----------------------------

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 Brookline State MA Zip Code 02446-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-employed Occupation: Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt: 04 / 01 / 2016  
**Transaction ID : C3319178**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item

**B. Nicholas Richard Abel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Inc  
 620 W Edison Rd Ste 110  
 City Mishawaka State IN Zip Code 46545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Radiolnc Occupation: Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 04 / 12 / 2016  
**Transaction ID : C3300854**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**c. Irfan Ahmad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 Winter Ln  
 City Valparaiso State IN Zip Code 46385-6306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Radiolnc Occupation: Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 04 / 12 / 2016  
**Transaction ID : C3300855**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 7 OF 128
	<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
-----------------------------	-----------------------------	-----------------------------

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. John L Alfieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants  
 113 Nationwide Dr  
 City Lynchburg State VA Zip Code 24502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : C3305847**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Syed Ibrahim Ali**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1187 S Butternut Dr  
 City La Porte State IN Zip Code 46350-9409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Inc Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300856**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Anton M Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12136 E Ashton Ct  
 City Knoxville State TN Zip Code 37934-1526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Tennessee Medical Cente Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : C3305853**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<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 8 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gary Edwin Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants  
 9601 Baptist Health Dr Ste 1100  
 City Little Rock State AR Zip Code 72205-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305819**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Bibb Allen JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Montclair Rd  
 City Birmingham State AL Zip Code 35213-1984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montclair Baptist Medical Center Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3288269**  
 Amount of Each Receipt this Period **625.00**  
 Memo Item

**C. Mark David Alson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 W Fir Ave  
 City Clovis State CA Zip Code 93611-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 27 / 2016**  
**Transaction ID : C3303244**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>950.00</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 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address South Shore Radiological Associate  
 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 Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319179**

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Wesley A Angel MD**

Mailing Address Memphis Radiological PC  
 7695 Poplar Pike

City Germantown State TN Zip Code 38138-5947

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

Name of Employer Memphis Radiological PC Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : C3289658**

Amount of Each Receipt this Period **10.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Wesley A Angel MD**

Mailing Address Memphis Radiological PC  
 7695 Poplar Pike

City Germantown State TN Zip Code 38138-5947

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

Name of Employer Memphis Radiological PC Occupation Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : C3304915**

Amount of Each Receipt this Period **100.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **210.00**

**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 10 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Noah Bennett Appel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292189**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Thomas A Applewhite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11475 Olde Cabin Rd Ste 200  
 City Saint Louis State MO Zip Code 63141-7129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West County Radiological Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : C3319956**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Lance Lee Arnder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 552 W New Hope Rd Apt C2  
 City Goldsboro State NC Zip Code 27534-7559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne Radiologists PA Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016  
**Transaction ID : C3300705**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1275.00</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 11 OF 128 (check only one)
<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"/>	<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**

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

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292190**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. William Woods Baber**

Mailing Address 55 West Port Plaza Dr Ste 300

City Saint Louis State MO Zip Code 63146-3119

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

Name of Employer Midwest Radiological Associates, P.C. Occupation 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  
 04 / 26 / 2016  
**Transaction ID : C3306309**

Amount of Each Receipt this Period  
450.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. John Gregory Baden**

Mailing Address 9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation 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  
 04 / 19 / 2016  
**Transaction ID : C3305820**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 12 OF 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Douglas Randall Baker**

Mailing Address Radiology Assoc of North Texas  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292191**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. James Harold Bankston MD**

Mailing Address Univ of Alabama @ Birmingham  
C19 19th St S

City Birmingham State AL Zip Code 35249-6830

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 15 / 2016  
**Transaction ID : C3300721**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Jody Marie Barber MD**

Mailing Address 29395 Montauk Ln

City Elkhart State IN Zip Code 46517-8574

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

Name of Employer Radiology Inc Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3300857**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 13 OF 128
	<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

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. Ricardo B Barboza**  
Full Name (Last, First, Middle Initial)

Mailing Address 471 E Broad St Ste 1400

City Columbus State OH Zip Code 43215-2452

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

Name of Employer Columbus Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2016  
Transaction ID : **C3300796**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Patrick William Barr**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
Transaction ID : **C3292192**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Howard Marshall Bear**  
Full Name (Last, First, Middle Initial)

Mailing Address SDRS  
10150 Sorrento Valley Rd Ste 321

City San Diego State CA Zip Code 92121-1640

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 ▼ 210.00

Date of Receipt 04 / 07 / 2016  
Transaction ID : **C3290232**

Amount of Each Receipt this Period 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 14 OF 128
	(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**

Full Name (Last, First, Middle Initial) <b>A. Jason Randall Bearden MD</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 <b>Transaction ID : C3300722</b>
Mailing Address The Radiology Clinic 208 McFarland Cir N		Amount of Each Receipt this Period 1000.00
City Tuscaloosa	State AL	Zip Code 35406-1800
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Richard M Benator</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2016 <b>Transaction ID : C3304937</b>
Mailing Address All Children's Hospital 501 6th Ave S		Amount of Each Receipt this Period 1000.00
City Saint Petersburg	State FL	Zip Code 33701-4634
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer All Children's Specialty Physicians	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth G Berkenstock</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2016 <b>Transaction ID : C3319163</b>
Mailing Address Lancaster Radiology Associates PO Box 3555		Amount of Each Receipt this Period 84.00
City Lancaster	State PA	Zip Code 17604-3555
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Lancaster Radiology Associates	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2084.00
<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 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Timothy Andrew Bernauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 117  
 City Appleton State WI Zip Code 54912-0117  
 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)  Memo Item  
 Aggregate Year-to-Date **1140.00**

Date of Receipt **04 / 18 / 2016**  
**Transaction ID : C3296816**  
 Amount of Each Receipt this Period **210.00**  
 Memo Item

**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:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319180**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Edward I Bluth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 Jefferson Hwy  
 City New Orleans State LA Zip Code 70121-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner clinic foundation Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : C3304990**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1310.00</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 16 OF 128
	<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. Ravi K Bodiwala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 Giverny Ln  
 City Southlake State TX Zip Code 76092-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rad Associates of North Texas Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292193**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hugh Mark Borak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Radiology Clinic  
 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300713**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. James P Borgstede**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12401 E. 17th Ave. Mail Stop L954  
 City Aurora State CO Zip Code 80045-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Colorado Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : C3301970**  
 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 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Rodney R Bowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Presbyterian Hospital of Dallas  
 8200 Walnut Hill Ln  
 City Dallas State TX Zip Code 75231-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292194**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Yong C Bradley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UTMC at Knoxville  
 1924 Alcoa Highway  
 City Knoxville State TN Zip Code 37934-6999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305866**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Michael T Brendle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 W Edison Rd Ste 110  
 City Mishawaka State IN Zip Code 46545-2784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300858**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **875.00**  
**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 18 OF 128
	<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	

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. Robert K Bressler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292195**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kyle Brock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51107 Brenshire Ct  
 City Granger State IN Zip Code 46530-6547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiolnc Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300859**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Martha Anne Brogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St Ste 1400  
 City Columbus State OH Zip Code 43215-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300797**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**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 19 OF 128
	<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**

Full Name (Last, First, Middle Initial)  
**A. Manuel L Brown**

Mailing Address 2799 W Grand Blvd

City State Zip Code  
Detroit MI 48202-2689

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

Name of Employer Occupation  
Henry Ford Health System Diagnostic Radiologist

Receipt For: 2016  
 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  
 04 / 03 / 2016  
**Transaction ID : C3289421**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Stephen John Brown**

Mailing Address 509 McCowan Creek Rd

City State Zip Code  
Newport TN 37821

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

Name of Employer Occupation  
Association of University Radiologists 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  
 04 / 19 / 2016  
**Transaction ID : C3305867**

Amount of Each Receipt this Period  
125.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Joseph John Budovec MD**

Mailing Address 9200 W Wisconsin Ave

City State Zip Code  
Milwaukee WI 53226-3596

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

Name of Employer Occupation  
Medical College of Wisconsin 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  
 04 / 28 / 2016  
**Transaction ID : C3304846**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2125.00
<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 20 OF 128
	<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

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. Scott Alan Bundy**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Associates of North Texa  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292196**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Larry J Burr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1948 1st Ave NE

City Cedar Rapids State IA Zip Code 52402-5377

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 04 / 2016  
**Transaction ID : C3300842**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Elizabeth Dyre Caldwell**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Clinic  
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1800

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300714**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 21 OF 128
	<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

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. Justin John Campbell MD**  
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 Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 01 / 2016  
**Transaction ID : C3319181**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Paul Dennis Campbell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1843 Greywell Rd

City Knoxville State TN Zip Code 37922-9455

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

Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305858**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Cheri L Canon**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 19th St S Rm Jtn448

City Birmingham State AL Zip Code 35249-6830

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

Name of Employer UAB Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 16 / 2016  
**Transaction ID : C3296587**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<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 22 OF 128
	<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
-----------------------------	-----------------------------	-----------------------------

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. Bradley James Casolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Canon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292197**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Frank Michael Castellano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Columbus Radiology Corp  
 111 S Grant St  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300798**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Mark Aaron Chambers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address West County Radiology Grp  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3319957**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 23 OF 128
	<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	

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. Adam Wade Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Associates of Tarrant Co  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292198**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Shelley K Charnoff**  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3319182**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Raja Sekhar Cheruvu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Skyline Dr  
 City Latham State NY Zip Code 12110-5221  
 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 374.96

Date of Receipt 04 / 03 / 2016  
**Transaction ID : C3289405**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **637.50**  
**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 24 OF 128
	<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

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. Raja Sekhar Cheruvu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Skyline Dr  
 City Latham State NY Zip Code 12110-5221  
 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 **374.96**

Date of Receipt **04 / 13 / 2016**  
**Transaction ID : C3300779**  
 Amount of Each Receipt this Period **62.52**  
 Memo Item

**B. Jill Coleman Chilcoat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 1350 S Main St Ste 4150  
 City Fort Worth State TX Zip Code 76104-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292199**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

**C. Ronald Gray Chilcoat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of North Texas  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292200**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>937.52</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 128
	<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

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. Tilden L Childs III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rad Assoc North Texas Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292201**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Tilden L Childs III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rad Assoc North Texas Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3299156**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Albert Whang Cho**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51230 Pine Croft Ct  
 City South Bend State IN Zip Code 46637-6047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola Univ Medical Center Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300860**  
 Amount of Each Receipt this Period 250.00  
 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 26 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Alex T Chuang**

Mailing Address Radiology Assoc of Tarrant Co  
816 W Canon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292202**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Karen A Coates**

Mailing Address Wake Radiology  
PO Box 19366

City Raleigh State NC Zip Code 27619-9366

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

Name of Employer Wake Radiology Consultants, P.A. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 01 / 2016**

**Transaction ID : C3300814**

Amount of Each Receipt this Period **120.00**

Memo Item

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

Mailing Address Radiology Assoc of Tarrant Co  
816 W Canon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292203**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1120.00</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 27 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Beverly G Coleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1921 W Montgomery Ave  
 City Villanova State PA Zip Code 19085-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHOP Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : C3302931**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Pedro Collazo-Ornes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO 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 Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : C3296817**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Jason Albert Conrad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Associates of Tarrant Co  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292204**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**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 28 OF 128
	<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. James Vickers Courtney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 91119  
 City State Zip Code  
 Mobile AL 36691-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Radiology associates of mobile 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  
 04 / 06 / 2016  
**Transaction ID : C3290111**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Jennifer Ruth Cranny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 River St Apt 823  
 City State Zip Code  
 Greenville SC 29601-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medquest Diagnostic Radiologist  
 Receipt For: 2016  
 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  
 04 / 15 / 2016  
**Transaction ID : C3296558**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Kevin Michael Cregan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Wayne Radiologists  
 PO Box 1757  
 City State Zip Code  
 Goldsboro NC 27533-1757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wayne Radiologists Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016  
**Transaction ID : C3300704**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2065.00
<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 128
	<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	

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. Douglas James Curry**  
Full Name (Last, First, Middle Initial)

Mailing Address Midwest Radiological Associates, P  
55 West Port Plaza Dr Ste 300

City Saint Louis State MO Zip Code 63146-3119

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

Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : C3306310**

Amount of Each Receipt this Period 500.00

Memo Item

**B. David Charles D'Andrea**  
Full Name (Last, First, Middle Initial)

Mailing Address 51326 Amesbury Way

City Granger State IN Zip Code 46530-4829

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300861**

Amount of Each Receipt this Period 250.00

Memo Item

**C. James Kenneth David**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292205**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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 30 OF 128
	<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	

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. Hugh C Davis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Paddington Ct  
 City Lynchburg State VA Zip Code 24503-2141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg, In Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : C3297411**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Melissa B Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St Ste 1400  
 City Columbus State OH Zip Code 43215-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300800**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Elvin Lephiew Dennington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4916 I St  
 City Little Rock State AR Zip Code 72205-1924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Healthcare Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : C3305821**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 31 OF 128
	<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**

Full Name (Last, First, Middle Initial) <b>A. John Edward DePersio</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2016 <b>Transaction ID : C3300862</b>
Mailing Address LaPorte Hospital 1007 Lincolnway		Amount of Each Receipt this Period 250.00
City La Porte	State IN	Zip Code 46350
FEC ID number of contributing federal political committee.	C	
Name of Employer La Porte Radiology Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Kristen K DeStigter</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2016 <b>Transaction ID : C3303478</b>
Mailing Address 2579 Lake Rd		Amount of Each Receipt this Period 1000.00
City Charlotte	State VT	Zip Code 05445-9517
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Vermont Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Michael Frederick DeVenny</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2016 <b>Transaction ID : C3304939</b>
Mailing Address The Radiology Clinic 208 McFarland Cir N		Amount of Each Receipt this Period 1000.00
City Tuscaloosa	State AL	Zip Code 35406-1800
FEC ID number of contributing federal political committee.	C	
Name of Employer The Radiology Clinic	Occupation Diagnostic Radiologist	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> 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 32 OF 128
	<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	

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. David P Diemer**  
Full Name (Last, First, Middle Initial)

Mailing Address missouri baptist medical center  
3015 n. ballas

City Saint Louis State MO Zip Code 63131

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

Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 26 / 2016  
Transaction ID : **C3306311**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 2211 Spanish Trl

City Fort Worth State TX Zip Code 76107-3579

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3292206**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. William I Dittman**  
Full Name (Last, First, Middle Initial)

Mailing Address Presbyterian Hospital  
8200 Walnut Hill Ln

City Dallas State TX Zip Code 75231-4496

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3292207**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 33 OF 128  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial)  
**A. Anne P Dunne**

Mailing Address 100 N Academy Ave

City Danville State PA Zip Code 17822-2007

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

Name of Employer Geisinger Medical Center Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2016  
**Transaction ID : C3303461**

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Michael W Dye MD**

Mailing Address Radiology Inc  
620 W Edison Rd Ste 110

City Mishawaka State IN Zip Code 46545

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

Name of Employer Radiology Inc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300863**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Allen S Dyke MD**

Mailing Address Radiology Associates of Tarrant Co  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292208**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 34 OF 128
	<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	

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. Mary C Dynes**  
Full Name (Last, First, Middle Initial)

Mailing Address Elkhart General Hosp  
600 East Blvd

City Elkhart State IN Zip Code 46514-2499

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300864**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Vance H Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 145 Deans Ln

City Goldsboro State NC Zip Code 27530-8171

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

Name of Employer Wayne Radiologists PA Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 20 / 2016  
**Transaction ID : C3300702**

Amount of Each Receipt this Period 700.00

Memo Item

**C. Ahmed Bassem Elaini MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 54

City Andover State MA Zip Code 01810

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3319183**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 35 OF 128
	<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

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

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

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

Mailing Address 2300 Wolf St Unit 14B

City Dallas State TX Zip Code 75201-7055

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 ▼ **333.36**

Date of Receipt **04 / 16 / 2016**

**Transaction ID : C3296583**

Amount of Each Receipt this Period **83.34**

Memo Item

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

Mailing Address 50741 Ashford Ln

City Granger State IN Zip Code 46530-8423

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3300865**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**c. John T Engels**

Mailing Address 55 West Port Plaza Dr Ste 300

City Saint Louis State MO Zip Code 63146-3119

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

Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 26 / 2016**

**Transaction ID : C3306312**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>833.34</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 36 OF 128
	<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	

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. John Paul Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292209**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Kate A Feinstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 949 W Madison St Unit 210

City Chicago State IL Zip Code 60607-2662

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

Name of Employer University of Chicago Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 25 / 2016  
**Transaction ID : C3301972**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. David Anthony Fenyas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Univ of TX Southwestern Med Ctr Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292210**

Amount of Each Receipt this Period  
375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<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 37 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Edgar Scott Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Outpatient Radiology Clinic  
 200 S Rhodes St Ste B  
 City West Memphis State AR Zip Code 72301-4212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Outpatient Radiology Clinic PA Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 15 / 2016  
**Transaction ID : C3295927**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Amanda Jane Ferrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants  
 9601 Lile Dr Ste 1100  
 City Little Rock State AR Zip Code 72205-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : C3305822**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Andrew S Ferrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association of University Radiologists Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : C3305852**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<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 38 OF 128		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. Shelby R Fierke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rad Assoc North Texas Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292211**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Laura Katherine Findeiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305859**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**C. Dale Fletcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Westport Plz Ste 300  
 City Saint Louis State MO Zip Code 63146-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Radiological Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 26 / 2016**  
**Transaction ID : C3306313**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1125.00</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 39 OF 128
	<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. Jonathan Flug MD, MBA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1490 Delgany St Apt 1027

City Denver	State CO	Zip Code 80202-6616
----------------	-------------	------------------------

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

Name of Employer University of Colorado	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2016

**Transaction ID : C3301067**

Amount of Each Receipt this Period  

85.00
-------

 Memo Item

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

Mailing Address 1490 Delgany St Apt 1027

City Denver	State CO	Zip Code 80202-6616
----------------	-------------	------------------------

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

Name of Employer University of Colorado	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2016

**Transaction ID : C3302794**

Amount of Each Receipt this Period  

10.00
-------

 Memo Item

**C. Kevin F Forte**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City Little Rock	State AR	Zip Code 72205-6333
---------------------	-------------	------------------------

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

Name of Employer Radiology Consultants of Little Rock	Occupation 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
04	/	19	/	2016

**Transaction ID : C3305823**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>345.00</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 40 OF 128
	<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	

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. Daniel Robert Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Tenn Medical Ctr  
1924 Alcoa Hwy

City Knoxville State TN Zip Code 37920

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

Name of Employer PO Box 1296 Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305854**

Amount of Each Receipt this Period 125.00

Memo Item

**B. Jason Hilton Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address Columbus Radiology Corporation  
471 E Broad St Ste 1400

City Columbus State OH Zip Code 43215-3542

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

Name of Employer Hofheimer Hall Suite 541 Occupation Diagnostic Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300801**

Amount of Each Receipt this Period 300.00

Memo Item

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

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 ▼ 400.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3288270**

Amount of Each Receipt this Period 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<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 41 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. P Kevin Froberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 1350 S Main St Ste 4150  
 City Fort Worth State TX Zip Code 76104-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 04 / 12 / 2016  
**Transaction ID : C3292212**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Clinton J Fuller III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants of Little Ro  
 9601 Baptist Health Dr Ste 1100  
 City Little Rock State AR Zip Code 72205-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : C3305824**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Judson R Gash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 Dunsford Ln  
 City Knoxville State TN Zip Code 37919-8194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association of University Radiologists Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : C3305860**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 42 OF 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. T Gerald Gates**

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292213**

Amount of Each Receipt this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Richard A Geise**

Mailing Address Abbott Northwestern Hospital  
800 E 28th St

City Minneapolis State MN Zip Code 55407-3799

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

Name of Employer self Occupation Physicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2016  
**Transaction ID : C3291152**

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Michael John George**

Mailing Address 2925 Ryan Dr SE

City Salem State OR Zip Code 97301-5074

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

Name of Employer Salem Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2016  
**Transaction ID : C3303245**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 43 OF 128
	<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	

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. Michael Spencer Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address NMCS D  
34800 Bob Wilson Dr

City San Diego State CA Zip Code 92134-4099

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

Name of Employer Eagle Eye Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 08 / 2016  
Transaction ID : **C3291176**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Robert E Gloyna**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3292214**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Nazar Golewale**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 W Edison Ste 110

City Mishawaka State IN Zip Code 46545-2784

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

Name of Employer Radiology Inc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3300866**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 44 OF 128
	<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

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. 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 ▼ **400.00**

Date of Receipt **04 / 21 / 2016**

**Transaction ID : C3300490**

Amount of Each Receipt this Period **100.00**

Memo Item

**B. Whitney J Goodwin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305825**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Robert L Gore**  
Full Name (Last, First, Middle Initial)

Mailing Address South Shore Hospital  
55 Fogg Rd

City South Weymouth State MA Zip Code 02190

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

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 01 / 2016**

**Transaction ID : C3319184**

Amount of Each Receipt this Period **100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</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 45 OF 128
	<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

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. Richard T Granaghan**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer County PA Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292215**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Michael F Grantham**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Inc  
620 Edison Rd Suite 110

City Mishawaka State IN Zip Code 46545

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

Name of Employer County PA Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300867**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Edward Douglas Green MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Windsong Cv

City Ridgeland State MS Zip Code 39157-8736

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

Name of Employer County PA Occupation Diagnostic Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : C3290176**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 835.00

**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 46 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Robert L Green JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1527 Trents Meadow Rd  
 City Lynchburg State VA Zip Code 24503-6566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : C3305817**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Margaret C Guarisco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Radiology Clinic  
 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300715**  
 Amount of Each Receipt this Period 960.00  
 Memo Item

**C. James A Hall JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants  
 113 Nationwide Dr  
 City Lynchburg State VA Zip Code 24502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305844**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1660.00  
**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 47 OF 128
	<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	

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. Katherine Shelley Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Canon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292216**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Geoffrey S Hamill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 West Port Plaza Dr Ste 300  
 City Saint Louis State MO Zip Code 63146-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Radiological Associate Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 26 / 2016**  
**Transaction ID : C3306314**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Clint David Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Canon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292217**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</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 48 OF 128
	<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

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. Robert Douglas Hamiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Radiology Clinic  
 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300716**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Glenn M Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1948 First Ave NE  
 City Cedar Rapids State IA Zip Code 52402-5377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Iowa, PLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 04 / 2016  
**Transaction ID : C3300844**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Douglas Edward Hammons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3251 Matlock Rd Apt 2207  
 City Mansfield State TX Zip Code 76063-5063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292218**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 49 OF 128
	<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	

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

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

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

Mailing Address 7133 High Point Ln

City Cedar Rapids State IA Zip Code 52411-8165

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

Name of Employer Radiology Consultants of Iowa, PLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 04 / 2016**

**Transaction ID : C3300845**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Alphonse H Harding**

Mailing Address 17120 Wheatridge Ct

City Granger State IN Zip Code 46530-9769

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3300868**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Jay A Harolds**

Mailing Address 417 Briar Ln NE

City Grand Rapids State MI Zip Code 49503-2137

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

Name of Employer Advanced Radiology Services Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 14 / 2016**

**Transaction ID : C3295494**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

**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 50 OF 128
	<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	

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

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

Full Name (Last, First, Middle Initial)  
**A. Craig Allyn Harr MD**

Mailing Address Radiology Associates of North Texa  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Rad Associates of North Texas Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2016

**Transaction ID : C3292219**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : C3305826**

Amount of Each Receipt this Period  
625.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. C Matthew Hawkins MD**

Mailing Address 1405 Clifton Rd NE

City Atlanta State GA Zip Code 30322-1060

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

Name of Employer Emory University Occupation Pediatric Interventional Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2016

**Transaction ID : C3301124**

Amount of Each Receipt this Period  
210.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1335.00
<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 51 OF 128
	<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
-----------------------------	-----------------------------	-----------------------------

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. Hayden Head MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292220**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Timothy Hellewell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Running Cedar Way  
 City Lynchburg State VA Zip Code 24503-1961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305848**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Laura S Hemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants of Iowa  
 1948 1st Ave NE  
 City Cedar Rapids State IA Zip Code 52402-5377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 04 / 2016  
**Transaction ID : C3300847**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 52 OF 128
	<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	

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. Robert D Heninger MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Trinity Hospital  
1 Burdick Expressway W

City Minot State ND Zip Code 58701-4406

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

Name of Employer University of Iowa Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 25 / 2016  
**Transaction ID : C3301125**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. William T Henry SR**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants - Little Rock, A Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305828**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. William Taylor Henry MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305827**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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 53 OF 128
	(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. Kevin Oliver Hicks**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305889**

Amount of Each Receipt this Period 350.00

Memo Item

**B. Lee Eric Hoagland MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 W Columbia St Ste 420

City Evansville State IN Zip Code 47710-1782

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

Name of Employer Evansville Radiology, PC Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : C3290112**

Amount of Each Receipt this Period 85.00

Memo Item

**C. Howard C Holley**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300709**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1435.00

**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 54 OF 128
	<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

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. William G Horstman**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Cnty  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292221**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Joshua R Houser MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 471 E Broad St Ste 1400

City Columbus State OH Zip Code 43215-3806

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

Name of Employer Columbus Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300803**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Joshua Andrew Huff MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292222**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 128
	<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

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. Dale A Hume**  
Full Name (Last, First, Middle Initial)

Mailing Address 471 E Broad St Ste 1400

City Columbus State OH Zip Code 43215-3806

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

Name of Employer Chillicothe Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : C3300804**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Bang Huu Huynh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 471 E Broad St Ste 1400

City Columbus State OH Zip Code 43215-3806

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

Name of Employer Columbus Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : C3300805**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Pamela M Hwang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant County  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Rad Associates of North Texas Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : C3292223**

Amount of Each Receipt this Period  
375.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00

**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 56 OF 128
	<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

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. Kim A Iglesia**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292224**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Robert Scott Israel**  
Full Name (Last, First, Middle Initial)

Mailing Address Adventist Medical Ctr  
10123 SE Market St

City Portland State OR Zip Code 97216

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

Name of Employer Diagnostic Radiology, PC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : C3296590**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Luis Adrian Jancowski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Del Sol Medical Center  
10301 Gateway Blvd W

City El Paso State TX Zip Code 79925-7798

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292225**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 57 OF 128
	<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

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. Hal T Jayson**  
Full Name (Last, First, Middle Initial)

Mailing Address **Baylor Regional Medical Ctr**  
**1650 W College**

City **Grapevine** State **TX** Zip Code **76051-3575**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2016

**Transaction ID : C3292226**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

**B. Richard A Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address **Radiology Assoc of North Texas**  
**816 W Cannon St**

City **Fort Worth** State **TX** Zip Code **76104-3146**

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

Name of Employer **Radiology Associates of Tarrant County** Occupation **Diagnostic Radiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2016

**Transaction ID : C3292227**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

**C. Darrin Lee Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address **2006 Franklin St SE Ste 200**

City **Huntsville** State **AL** Zip Code **35801-4537**

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

Name of Employer **Radiology of Huntsville** Occupation **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
04	/	11	/	2016

**Transaction ID : C3291889**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</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 58 OF 128
	(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. Peter Anthony Johnstone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12902 Usf Magnolia Dr  
 City Tampa State FL Zip Code 33612-9416  
 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 **400.00**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : C3301021**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Scott William Kayser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address John Peter Smith Hosp  
 1500 S Main St  
 City Fort Worth State TX Zip Code 76104-4941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of TX Southwestern Med Ctr Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292228**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Russell A Kelley**  
 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 Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319185**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</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 59 OF 128
	<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

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. Richard M Kendrick**  
Full Name (Last, First, Middle Initial)

Mailing Address The Radiology Clinic  
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 15 / 2016  
Transaction ID : **C3300707**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Monika L Kief-Garcia**  
Full Name (Last, First, Middle Initial)

Mailing Address 3805 E Bell Rd Ste 5500

City Phoenix State AZ Zip Code 85032-2189

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

Name of Employer Imaging Advantage Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 07 / 2016  
Transaction ID : **C3291150**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Won Sup Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3292229**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 60 OF 128
	<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

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. Charles E King JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Radiology Clinic  
 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **04 / 15 / 2016**  
**Transaction ID : C3300710**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Michael T King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants of Little Ro  
 9601 Baptist Health Dr Ste 1100  
 City Little Rock State AR Zip Code 72205-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305829**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Amy Briana Kirby MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 N 14th St  
 City Ponca City State OK Zip Code 74601-2035  
 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 340.00

Date of Receipt **04 / 02 / 2016**  
**Transaction ID : C3289386**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1335.00</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 61 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Matthew W Kirby MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Canon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292230**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Todd Stuart Klausner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Braod St Ste 1400  
 City Columbus State OH Zip Code 43215-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Univ Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300806**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Kandace R Klein DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Medical College Of Georgia  
 M1120 15th St  
 City Augusta State GA Zip Code 30912-0006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCG/GRU Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016  
**Transaction ID : C3290186**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 62 OF 128
	<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**

Full Name (Last, First, Middle Initial)  
**A. Eric Glenn Kline**

Mailing Address 113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg, In Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305845**

Amount of Each Receipt this Period **350.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Alan K Klitzke**

Mailing Address Roswell Park Cancer Institute Elm & Carlton St

City Buffalo State NY Zip Code 14263

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

Name of Employer Roswell Park Cancer Institute Occupation Diagnostic Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 18 / 2016**

**Transaction ID : C3297414**

Amount of Each Receipt this Period **1000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Steven Patrick Knight**

Mailing Address University of TN Medical Ctr 1924 Alcoa Hwy

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305868**

Amount of Each Receipt this Period **125.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1475.00</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 63 OF 128
	<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

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. James Kogan**  
Full Name (Last, First, Middle Initial)

Mailing Address **Baylor Medical Ctr**  
**1650 W College St**

City **Grapevine** State **TX** Zip Code **76051-3596**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292231**

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address **9601 Baptist Health Dr Ste 1100**

City **Little Rock** State **AR** Zip Code **72205-6333**

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

Name of Employer **Radiology Consultants of Little Rock** Occupation **Diagnostic Radiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305830**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Manish K Kotecha MD**  
Full Name (Last, First, Middle Initial)

Mailing Address **Radiology Assoc of Tarrant Co PA**  
**816 W Cannon St**

City **Fort Worth** State **TX** Zip Code **76104-3146**

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

Name of Employer **Radiology Associates of Tarrant County** Occupation **Diagnostic Radiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292232**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1250.00</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 64 OF 128
	<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	

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

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

Full Name (Last, First, Middle Initial)  
**A. Amy Louise Kotsenas**

Mailing Address Mayo Clinic  
200 1st St SW

City Rochester State MN Zip Code 55905-0002

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

Name of Employer Mayo Clinic Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2016

**Transaction ID : C3291587**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Paul Kramer**

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2016

**Transaction ID : C3319170**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kristi Montgomery Kuenstler**

Mailing Address Radiology Assc of Tarrant Cnty  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104

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

Name of Employer Baylor University Medical Ctr Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2016

**Transaction ID : C3292233**

Amount of Each Receipt this Period  
333.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1433.00
<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 65 OF 128
	<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

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. Richard L Kundel**  
Full Name (Last, First, Middle Initial)

Mailing Address RCI  
1948 1st Ave NE

City Cedar Rapids State IA Zip Code 52402-5321

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 04 / 2016  
Transaction ID : **C3300849**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Duy Kim Kuo**  
Full Name (Last, First, Middle Initial)

Mailing Address 806 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : **C3292234**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Peter Kvamme**  
Full Name (Last, First, Middle Initial)

Mailing Address Univ of TN Medical Cntr  
1924 Alcoa Highway

City Knoxville State TN Zip Code 37920-6999

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

Name of Employer St Francis Medical Center Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
Transaction ID : **C3305861**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Penny Megison Labor**

Mailing Address Radiology Associates of North Texa  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Rad Associates of North Texas Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292235**

Amount of Each Receipt this Period **375.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Joe Neal Lacy MD**

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292236**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Geoffrey Glynn Laing MD**

Mailing Address 9018 Hemingway Grove Cir

City Knoxville State TN Zip Code 37922-8089

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

Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305855**

Amount of Each Receipt this Period **125.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**

**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 67 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Allison Eulitt Lamont**

Mailing Address 14442 Northampton Drive

City State Zip Code  
Granger IN 46530-4932

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

Name of Employer Occupation  
Radiology, Inc Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
 04 / 12 / 2016  
**Transaction ID : C3300869**

Amount of Each Receipt this Period  
  
 250.00

Memo Item

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

Mailing Address 260 Eshelman Rd

City State Zip Code  
Lancaster PA 17601-5645

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

Name of Employer Occupation  
Lancaster Radiology Associates Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 /  /   
 04 / 07 / 2016  
**Transaction ID : C3319171**

Amount of Each Receipt this Period  
  
 100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Peter Lawrence Leuchtman MD**

Mailing Address 2900 Ryton Ct

City State Zip Code  
Raleigh NC 27613-5463

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

Name of Employer Occupation  
Wake Radiology Consultants, P.A. Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 /  /   
 04 / 01 / 2016  
**Transaction ID : C3300822**

Amount of Each Receipt this Period  
  
 120.00

Memo Item

**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: (check only one)	PAGE 68 OF 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Michael S Levey**

Mailing Address Grant Hospital  
111 South Grant Ave

City Columbus State OH Zip Code 43209

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

Name of Employer Columbus Radiology Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3300807**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Deborah Levine**

Mailing Address 330 Brookline Ave

City Boston State MA Zip Code 02215-5400

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

Name of Employer Harvard Medical Faculty Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 07 / 2016  
**Transaction ID : C3290426**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Justin Jeremiah Lightburn MD**

Mailing Address 239 Milan St

City Granger State IN Zip Code 46530-8051

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

Name of Employer Radiology Inc Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3300870**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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 69 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. David Ling**  
 Mailing Address Wake Radiology  
 PO Box 19368  
 City Raleigh State NC Zip Code 27619-9368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Radiology Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : C3300823**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Tom S Livingston**  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292237**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**c. Stephen Melvyn Lobo MD**  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292238**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1120.00  
**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 70 OF 128
	<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

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. William Bruce Lowry**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of North Texas Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : C3290183**

Amount of Each Receipt this Period 2500.00

Memo Item

**B. William Bruce Lowry**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of North Texas Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292239**

Amount of Each Receipt this Period 375.00

Memo Item

**C. Louis William Lucas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6800 Elaina Ln

City Tuscaloosa State AL Zip Code 35406-3211

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300723**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3375.00

**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 71 OF 128  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Philip Lee Lund**  
Mailing Address 533 S 336th St Ste C  
City State Zip Code  
Federal Way WA 98003-6329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Vantage Radiology Physician  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**04 / 17 / 2016**  
**Transaction ID : C3296724**  
Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. J Alex Lushington JR**  
Mailing Address The Radiology Clinic  
208 McFarland Cir N  
City State Zip Code  
Tuscaloosa AL 35406-1809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
The Radiology Clinic, LLC Diagnostic Radiologist  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**04 / 15 / 2016**  
**Transaction ID : C3300711**  
Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Jennifer Lyn Lynch**  
Mailing Address South Shore Hospital  
55 Fogg Rd  
City State Zip Code  
South Weymouth MA 02190-2432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
South Shore Radiology Associates Diagnostic Radiologist  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**04 / 01 / 2016**  
**Transaction ID : C3319186**  
Amount of Each Receipt this Period  
**100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2100.00**  
**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 72 OF 128
	<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

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. Katarzyna Jadwiga Macura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N Caroline St  
 City Baltimore State MD Zip Code 21205-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins University Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : C3297412**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3319187**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Jack D Markiewicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4393 E 50 N  
 City La Porte State IN Zip Code 46350-6354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology, Inc Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300871**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**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 73 OF 128
	<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	

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

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

Full Name (Last, First, Middle Initial)  
**A. Ronald Jay Martin**

Mailing Address Radiology Consultants  
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305831**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Lisa Martinez**

Mailing Address Radiology Assoc of Tarrant Co  
816 W Canon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292240**

Amount of Each Receipt this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Alan H Matsumoto**

Mailing Address PO Box 800170 Rm 1076

City Charlottesville State VA Zip Code 22908-0170

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

Name of Employer UVA Health System Occupation Interventional Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2016  
**Transaction ID : C3303460**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 74 OF 128
	<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	

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. Richard J Max**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 Baybrook Ct  
City Cary State NC Zip Code 27511-9422  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wake Radiology Consultants, P.A. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3300825**  
Amount of Each Receipt this Period **120.00**  
 Memo Item

**B. Michael Freeman McAuley**  
Full Name (Last, First, Middle Initial)  
Mailing Address Radiology Assoc of Tarrant Co 816 W Cannon  
City Fort Worth State TX Zip Code 76104-3146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292241**  
Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Timothy L McGhee**  
Full Name (Last, First, Middle Initial)  
Mailing Address The Radiology Clinic 208 McFarland Cir N  
City Tuscaloosa State AL Zip Code 35406-1809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2016**  
**Transaction ID : C3300708**  
Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1620.00</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 75 OF 128		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

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

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

Mailing Address 6 Ohio Dr Ste 204

City New Hyde Park	State NY	Zip Code 11042-1129
-----------------------	-------------	------------------------

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

Name of Employer Montefiore Imaging Center	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 05 / 2016**

**Transaction ID : C3289661**

Amount of Each Receipt this Period  
**100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Daniel Leman Measel**

Mailing Address 1211 Founders Lake Dr

City Athens	State GA	Zip Code 30606-7645
----------------	-------------	------------------------

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

Name of Employer Athens Radiology Associates	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  
**04 / 15 / 2016**

**Transaction ID : C3296556**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**c. John Joseph Meehan**

Mailing Address John Peter Smith Hosp  
1500 S Main St

City Ft Worth	State TX	Zip Code 76104
------------------	-------------	-------------------

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

Name of Employer Department of Radiology	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : C3292242**

Amount of Each Receipt this Period  
**500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</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 76 OF 128
	<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	

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. Timothy M Meier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St Ste 1400  
 City Columbus State OH Zip Code 43215-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300808**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Patricia J Mergo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mayo Clinic  
 4500 San Pablo Rd  
 City Jacksonville State FL Zip Code 32224-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3303402**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Mathew M Merritt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Clinic  
 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation 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  
 04 / 15 / 2016  
**Transaction ID : C3300717**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1385.00
<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 77 OF 128
	<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

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

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

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

Mailing Address Radiology Inc  
620 W Edison Rd Ste 110

City Mishawaka State IN Zip Code 46545-2787

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3300872**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Grady Christopher Miller**

Mailing Address The Radiology Clinic  
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 15 / 2016  
**Transaction ID : C3300718**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Jon Matthew Miller MD**

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292243**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 78 OF 128
	<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

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. Rudolph Howard Miller III**  
Full Name (Last, First, Middle Initial)

Mailing Address 7515 Greenville Ave Ste 710

City Dallas	State TX	Zip Code 75231-3848
----------------	-------------	------------------------

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

Name of Employer Southwest Imaging and Interventional S	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2016

**Transaction ID : C3292244**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Robert J Min**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 E 68th St

City New York	State NY	Zip Code 10065-4870
------------------	-------------	------------------------

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

Name of Employer Weill Cornell Medicine	Occupation Physician
--	-------------------------

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
04	/	25	/	2016

**Transaction ID : C3302463**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Pedro Antonio Miro**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Edison Rd Ste 110

City Mishawaka	State IN	Zip Code 46545-2784
-------------------	-------------	------------------------

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

Name of Employer Radiology, Inc	Occupation 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
04	/	12	/	2016

**Transaction ID : C3300873**

Amount of Each Receipt this Period  
250.00

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 79 OF 128
	<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

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. Slobodan Miseljic**  
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 Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3319188**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Benjamin J Moreno**  
Full Name (Last, First, Middle Initial)

Mailing Address 2143 W Wellington Ave Unit 305

City Chicago State IL Zip Code 60618-8286

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

Name of Employer Loyola University Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300874**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Andrew Kent Moriarity MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 335 Bridge St NW Apt 1502

City Grand Rapids State MI Zip Code 49504-8710

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

Name of Employer Advanced Radiology Services Occupation Diagnostic Radiologist

Receipt For: 2016  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : C3301096**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 80 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Garnetta I Morin-Ducote**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Univ Tennessee Med Ctr  
 1924 Alcoa Hwy  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ Tennessee Med Ctr Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305856**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Ellen B Morris**  
 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:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319189**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

**C. Demetrius Konstantine Morros**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Birmingham Radiological Group  
 2000A Southbridge Pkwy Ste 300  
 City Birmingham State AL Zip Code 35209-7718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 23 / 2016**  
**Transaction ID : C3301068**  
 Amount of Each Receipt this Period **83.34**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>283.34</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: PAGE 81 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Amy A Mosher**

Mailing Address 333 Townsend St

City State Zip Code  
 Saint Louis MO 63141-8332

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

Name of Employer Occupation  
 Midwest Radiological Associates, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : C3306315**

Amount of Each Receipt this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Brian E Munro MD**

Mailing Address Duke Univ Med Ctr Box 3808  
 Rm 1527 Duke Hospital

City State Zip Code  
 Durham NC 27710-0001

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

Name of Employer Occupation  
 Wayne Radiologists Pa Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : C3300706**

Amount of Each Receipt this Period  
 700.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Joseph S Murphy**

Mailing Address 9601 Baptist Health Dr Ste 1100

City State Zip Code  
 Little Rock AR 72205-6333

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

Name of Employer Occupation  
 Radiology Consultants of Little Rock 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  
 04 / 19 / 2016

**Transaction ID : C3305832**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

**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 82 OF 128
	<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

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. Richard L Newton**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants  
113 Nationwide dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305851**

Amount of Each Receipt this Period  
350.00

Memo Item

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

Mailing Address 55 West Port Plaza Dr Ste 300

City Saint Louis State MO Zip Code 63146-3119

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

Name of Employer Midwest Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 26 / 2016  
**Transaction ID : C3306316**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Steven R Nokes**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305833**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 83 OF 128  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Christine Marsch O'Malley MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Radiology Inc  
620 W Edison Rd Ste 110  
City Mishawaka State IN Zip Code 46545-2784  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-Employed 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  
04 / 12 / 2016  
**Transaction ID : C3300875**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**B. Lisa Oakley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8101 Stratford Dr  
City Saint Louis State MO Zip Code 63105-3707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Midwest Radiological Associates Diagnostic Radiologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016  
**Transaction ID : C3306317**  
Amount of Each Receipt this Period  
300.00  
 Memo Item

**c. Mark J Ormson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51194 Midlothian Ct  
City Granger State IN Zip Code 46530-9253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Radiology, Inc. 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  
04 / 12 / 2016  
**Transaction ID : C3300876**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 84 OF 128
	<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

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. Christine R Osmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address St. John's Mercy Medical Center  
 615 S New Ballas Rd  
 City Saint Louis State MO Zip Code 63141-7103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : C3306318**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Rodney S Owen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9700 N 91st St Ste C200  
 City Scottsdale State AZ Zip Code 85258-5064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist  
 Receipt For:  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  
 04 / 08 / 2016  
**Transaction ID : C3319159**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**C. James P Pak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Canon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292246**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.00
<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 85 OF 128
	<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

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. Lincoln R Patel**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Univ of TX Southwestern Med Ctr Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292247**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Samir Bipin Patel**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 W Edison Rd Ste 110

City Mishawaka State IN Zip Code 46545-2784

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300877**

Amount of Each Receipt this Period 250.00

Memo Item

**c. John A Patti**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fruit St

City Boston State MA Zip Code 02114-9657

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

Name of Employer Radiology Associates Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : C3303518**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 86 OF 128
	<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	

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. Brad A Paulson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1325 S Cliff Ave

City State Zip Code  
Sioux Falls SD 57105-1007

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

Name of Employer Occupation  
AVERA Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2016

**Transaction ID : C3303457**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Jeffrey Wilson Peeke MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12254 Warrior Trl

City State Zip Code  
Knoxville TN 37922-5461

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

Name of Employer Occupation  
Radiologist Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : C3305862**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Ray Peeples III**  
Full Name (Last, First, Middle Initial)

Mailing Address 9601 Baptist Health Dr Ste 1100

City State Zip Code  
Little Rock AR 72205-6333

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

Name of Employer Occupation  
University of Arkansas Medical Science Radiology Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : C3305834**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<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 87 OF 128
	(check only one)
<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"/>	<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. David R Pennes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3264 N Evergreen Dr NE

City Grand Rapids State MI Zip Code 49525-9746

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

Name of Employer Advanced Radiology Services Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : C3306360**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. W Dale Perrymore**  
Full Name (Last, First, Middle Initial)

Mailing Address Baptist Medical Towers 1  
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305835**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Peter Tobias Petruzzi JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1148 Andalusian Way

City Knoxville State TN Zip Code 37922-7639

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

Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305863**

Amount of Each Receipt this Period 125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 88 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. David R Phelps**

Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Scott & White Mem Hosp Clin Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292248**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. William Bradley Pierce**

Mailing Address Radiology Consultants  
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305836**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Martin Pilat MD**

Mailing Address Radiology Assoc of Tarrant Co PA  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292249**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**

**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 89 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Krishna Ragnar Pillai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 907 E 21st St  
 City LA Porte State IN Zip Code 46350-6731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Wisconsin Madison Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300878**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Curtis T Poor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Group PC SC 1970 E 53rd St  
 City Davenport State IA Zip Code 52807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Group PC SC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 600.00

Date of Receipt 04 / 20 / 2016  
**Transaction ID : C3318658**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Charles V Pope**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3614 Haworth Drive  
 City Raleigh State NC Zip Code 27609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Radiology Consultants, P.A. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 240.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : C3300828**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ori Preis MD**  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319190**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Linda K Proctor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 West Port Plaza Dr Ste 300  
 City Saint Louis State MO Zip Code 63146-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Radiological Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 26 / 2016**  
**Transaction ID : C3306319**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item

**C. Peter Joseph Prokell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Baylor All Saints Med Ctr  
 1400 8th Ave  
 City Fort Worth State TX Zip Code 76104-4192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of TX Southwestern Med Ctr Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292250**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</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 91 OF 128
	<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	

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. Tyler Marshall Prout**  
Full Name (Last, First, Middle Initial)  
Mailing Address 202 S Park St  
City Madison State WI Zip Code 53715-1507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
UW Health Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1050.00**

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : C3304973**  
Amount of Each Receipt this Period **800.00**  
 Memo Item

**B. Barry Burton Putegnat**  
Full Name (Last, First, Middle Initial)  
Mailing Address Radiology Assoc of Tarrant Co PA  
1350 S Main St Ste 4150  
City Fort Worth State TX Zip Code 76104-7665  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Radiology Associates of Tarrant County Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292251**  
Amount of Each Receipt this Period **500.00**  
 Memo Item

**c. John A Queralt**  
Full Name (Last, First, Middle Initial)  
Mailing Address Radiology Assoc of Tarrant Coun  
815 Pennsylvania Ave  
City Fort Worth State TX Zip Code 76104-2224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Radiology Associates of Tarrant County Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292252**  
Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1800.00</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 92 OF 128
	<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

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. Sunil Kumar Ram**  
Full Name (Last, First, Middle Initial)

Mailing Address Southwest Imaging  
PO Box 3114

City Scottsdale State AZ Zip Code 85271-3114

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
04 / 08 / 2016  
Transaction ID : C3319161

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Janak Kumar Raval**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Burrell Ln

City Rancho Palos Verdes State CA Zip Code 90275-5074

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

Name of Employer Janak Raval MD Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 30 / 2016  
Transaction ID : C3305009

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1120 15th St # Ba1414

City Augusta State GA Zip Code 30912-0006

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

Name of Employer Medical College of Georgia Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
04 / 06 / 2016  
Transaction ID : C3290113

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1183.34
<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 93 OF 128
	<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

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. Venu Vanam Reddy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St Ste 1400  
 City Columbus State OH Zip Code 43215-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300809**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. William Gregory Reese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of New Mexico Sch of Med Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292253**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Shawn DeWayne Reesman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1710 Harper Rd  
 City Beckley State WV Zip Code 25801-3357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Radiology Occupation 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  
 04 / 28 / 2016  
**Transaction ID : C3304619**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 94 OF 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Thomas K Rhee MD**

Mailing Address 620 W Edison Rd Ste 110

City Mishawaka State IN Zip Code 46545-2784

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

Name of Employer Radiology Inc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016

Transaction ID : **C3300879**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Kenneth Vance Robbins**

Mailing Address Radiology Consultants  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock+ Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016

Transaction ID : **C3305837**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Robert C Roberts**

Mailing Address Radiology Assoc of Tarrant County P  
816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 12 / 2016

Transaction ID : **C3292254**

Amount of Each Receipt this Period 375.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

**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 95 OF 128
	<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	

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

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

Full Name (Last, First, Middle Initial)  
**A. Martin J Robinson**

Mailing Address 1515 Wetherborne Dr

City Little Rock State AR Zip Code 72211-6125

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : C3305838**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Seth A Rosenthal**

Mailing Address 2 Medical Plaza Dr Ste 180

City Roseville State CA Zip Code 95661-3049

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

Name of Employer Sutter MEdical Group Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 07 / 2016**

**Transaction ID : C3291151**

Amount of Each Receipt this Period **975.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Thomas J Ruhnke JR**

Mailing Address 816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**

**Transaction ID : C3292255**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1725.00</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 96 OF 128
	(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**

Full Name (Last, First, Middle Initial)  
**A. Philip Robert Saba**

Mailing Address Wake Radiology  
3949 Browning Pl

City Raleigh State NC Zip Code 27609-6504

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

Name of Employer Wake Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 01 / 2016**

**Transaction ID : C3300832**

Amount of Each Receipt this Period **80.00**

Memo Item

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

Mailing Address Radiology Associates of Birmingham  
2240 Lakeshore Dr Ste 140

City Birmingham State AL Zip Code 35209

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

Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 27 / 2016**

**Transaction ID : C3303248**

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Floyd Edgar Scales**

Mailing Address 55 West Port Plaza Dr Ste 300

City Saint Louis State MO Zip Code 63146-3119

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

Name of Employer Midwest Radiologists Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 26 / 2016**

**Transaction ID : C3306320**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>680.00</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 97 OF 128
	<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	

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. Daniel Williams Schepens MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Nationwide Dr  
 City Lynchburg State VA Zip Code 24502-4272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305846**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Russell A Scholl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : C3300712**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Karl William Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Inc PO Box 1258  
 City South Bend State IN Zip Code 46624-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology, Inc Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300880**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1600.00**  
**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 98 OF 128
	<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
-----------------------------	-----------------------------	-----------------------------

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. Steven M Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co PA  
 1350 S Main St Ste 4150  
 City Fort Worth State TX Zip Code 76104-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292256**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Thomas E Seiffert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 W Edison Rd Ste 110  
 City Mishawaka State IN Zip Code 46545-2784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300881**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Joel Alan Shockley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St Ste 1400  
 City Columbus State OH Zip Code 43215-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio State Univ Hospital Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3300810**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</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 99 OF 128
	<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	

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

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

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

Mailing Address PO Box 9829

City Naples State FL Zip Code 34101-9829

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

Name of Employer Occupation  
Naples Radiologists Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 06 / 2016  
**Transaction ID : C3290184**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1314 Downing Rdg

City Tuscaloosa State AL Zip Code 35406-3642

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

Name of Employer Occupation  
The Radiology Clinic, LLC Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 15 / 2016  
**Transaction ID : C3300724**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kevin L Smith**

Mailing Address 1990 Connecticut Ave S

City Sartell State MN Zip Code 56377-2554

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

Name of Employer Occupation  
Regional Diagnostic Radiology Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : C3303523**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 100 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Kevin L Smith**

Mailing Address 1990 Connecticut Ave S

City Sartell State MN Zip Code 56377-2554

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

Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **04 / 28 / 2016**  
**Transaction ID : C3303524**

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Todd Mikel Smith**

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305839**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Christopher Jon Sneckenberger MD**

Mailing Address The Radiology Clinic  
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1800

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 15 / 2016**  
**Transaction ID : C3300725**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ► **1350.00**

**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 101 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. John J Snidow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9207 Double Eagle Ln  
 City Knoxville State TN Zip Code 37922-5989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association of University Radiologists Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305864**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Steven L Solomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Radiological Associates, P 55 West Port Plaza Dr Ste 300  
 City Saint Louis State MO Zip Code 63146-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : C3306321**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Sridevi Jampalla Sompalli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 W Edison Rd Ste 110  
 City Mishawaka State IN Zip Code 46545-2784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Inc Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3300882**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 102 OF 128
	<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

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. J Byron Speed**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Clinic  
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 15 / 2016  
**Transaction ID : C3300719**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Thomas E St Amour**  
Full Name (Last, First, Middle Initial)

Mailing Address 9601 Baptist Health Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305840**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. James Palmer Strain**  
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 New England Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
04 / 01 / 2016  
**Transaction ID : C3319191**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 103 OF 128
	<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

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. Robert Lloyd Stuckey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Consultants of Little Ro  
 9601 Baptist Health Dr Ste 1100  
 City Little Rock State AR Zip Code 72205-6333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305841**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Richard F Sullivan**  
 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 Department of Radiology Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319192**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : C3319193**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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 104 OF 128
	<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

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. Douglas Steven Sutherland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 Franklin St SE Ste 200  
 City Huntsville State AL Zip Code 35801-4537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology of Huntsville Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2016  
**Transaction ID : C3290755**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Timothy L Swan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 N Oak Ave  
 City Marshfield State WI Zip Code 54449-5702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marshfield Clinic Occupation Diagnostic Radiologist  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2016  
**Transaction ID : C3301026**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Joseph H Tashjian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Summit Ave  
 City Saint Paul State MN Zip Code 55105-3355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Paul Radiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2016  
**Transaction ID : C3303464**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 105 OF 128
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Alexander Marcus Tawadros MD**

Mailing Address 2314 Creekview Dr

City Mishawaka State IN Zip Code 46545-7279

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

Name of Employer Radiology Inc Occupation 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  
 04 / 12 / 2016

**Transaction ID : C3300883**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address Crozer Chester Medical Center  
1 Medical Center Blvd

City Upland State PA Zip Code 19013-3995

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

Name of Employer Southeast Radiology Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C3300909**

Amount of Each Receipt this Period  
 120.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Deanna Faye Taylor-Gantte**

Mailing Address PO Box 1101

City Dandridge State TN Zip Code 37725-1101

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

Name of Employer Association of University Radiologists Occupation 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  
 04 / 19 / 2016

**Transaction ID : C3305857**

Amount of Each Receipt this Period  
 125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<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 106 OF 128
	<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

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

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

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

Mailing Address 1400 Jackson St Goodman Bldg Rm K0

City	State	Zip Code
Denver	CO	80206-2761

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

Name of Employer	Occupation
Indiana Univ School of Medicine	Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2016

**Transaction ID : C3306352**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1000 Cordova Pl Ste 802

City	State	Zip Code
Santa Fe	NM	87505-1725

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

Name of Employer	Occupation
Self-Employed	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
04	/	26	/	2016

**Transaction ID : C3303220**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address St Johns Mercy Medical Ctr  
615 S New Ballas Rd

City	State	Zip Code
Saint Louis	MO	63141

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

Name of Employer	Occupation
West County Radiological Group	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
04	/	01	/	2016

**Transaction ID : C3319961**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1175.00
<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 107 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Norman B Thomson III**

Mailing Address 1120 15th St # Ba-1414

City State Zip Code  
 Augusta GA 30912-3900

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

Name of Employer Occupation  
 Georgia Regents Medical Associates Diagnostic Radiologist

Receipt For: 2016  
 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  
 04 / 06 / 2016

**Transaction ID : C3290153**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Smari Thordarson**

Mailing Address 800 Lincolnway, Suite 404

City State Zip Code  
 La Porte IN 46352-1765

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

Name of Employer Occupation  
 Laporte Radiology Inc. 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  
 04 / 12 / 2016

**Transaction ID : C3300884**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Christopher O Thornton**

Mailing Address 55 Westport Plz Ste 300

City State Zip Code  
 Saint Louis MO 63146-3119

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

Name of Employer Occupation  
 Midwest Radiological Associates, P.C. Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : C3306322**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 108 OF 128
	<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

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. William T Thorwarth JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 308  
 City Hickory State NC Zip Code 28603-0308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American College of Radiology Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : C3291570**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Joshua G Tice MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address West Reading Radiology Assoc  
 PO Box 16052  
 City Reading State PA Zip Code 19612-6052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : C3300958**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**C. Michael Anthony Todora**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Univ School of Med Occupation Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016  
**Transaction ID : C3292257**  
 Amount of Each Receipt this Period  
 500.00  
 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:	PAGE 109 OF 128
	(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. Matthew Blake Tomlin**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants of Lynchburg  
113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305849**

Amount of Each Receipt this Period 350.00

Memo Item

**B. Michael John Ulissey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6333 E Mockingbird Ln Ste 147

City Dallas State TX Zip Code 75214-2672

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

Name of Employer The Breast Diagnostic Center Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2016  
**Transaction ID : C3289410**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Christopher G Ullrich**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : C3302569**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 110 OF 128
	<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

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. Katrina Toxopeus Vanderveen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Inc  
 620 Edison Rd Ste 110  
 City Mishawaka State IN Zip Code 46545-2784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Inc. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 12 / 2016  
**Transaction ID : C3300885**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bernard Joseph Veillon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 McFarland Cir N  
 City Tuscaloosa State AL Zip Code 35406-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt  
 04 / 15 / 2016  
**Transaction ID : C3300720**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Eric Alfred Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 663 Waltonville Road  
 City Hummelstown State PA Zip Code 17036-9001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hershey Medical Center Occupation Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt  
 04 / 06 / 2016  
**Transaction ID : C3290185**  
 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: PAGE 111 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Lance A Warren MD**

Mailing Address Radiology Consultants of Lynchburg  
 113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305850**

Amount of Each Receipt this Period **350.00**

Memo Item

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

Mailing Address 816 W Cannon St

City Fort Worth State TX Zip Code 76104-3146

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

Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292266**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. LeRoy D. Weaver JR**

Mailing Address Radiology Inc  
 620 W Edison Rd Ste 110

City Mishawaka State IN Zip Code 46545-2784

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

Name of Employer Radiology Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3300886**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

**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 112 OF 128
	<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

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. David Warren Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants  
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : C3305842**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Jonathan W Weiss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 51642 Wexford Dr

City Granger State IN Zip Code 46530-8220

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3318939**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Jeffrey Scott Wenzel**  
Full Name (Last, First, Middle Initial)

Mailing Address SW Imaging & Interventional Spec  
7515 Greenville Ave Ste 710

City Dallas State TX Zip Code 75231-3848

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

Name of Employer Southwest Imaging and Interventional S Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : C3292259**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 113 OF 128 (check only one)
<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"/>	<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. 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 07 / 2016**  
**Transaction ID : C3319175**  
Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Alan Dewayne Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address Baptist Hospital  
9601 Lile Dr Ste 1100  
City Little Rock State AR Zip Code 72205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : C3305843**  
Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Paul Andrew Willman**  
Full Name (Last, First, Middle Initial)  
Mailing Address Wayne Radiologists  
2700 Medical Office Pl  
City Goldsboro State NC Zip Code 27534-9460  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wayne Radiologists PA Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : C3300703**  
Amount of Each Receipt this Period **700.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</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 114 OF 128
	<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
-----------------------------	-----------------------------	-----------------------------

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. David Andrew Wise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Assoc of Tarrant Co  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292260**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Mark D Wittry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address West County Radiological Group  
 11475 Olde Cabin Road Ste 200  
 City Saint Louis State MO Zip Code 63141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 14 / 2016**  
**Transaction ID : C3295479**  
 Amount of Each Receipt this Period **83.34**  
 Memo Item

**c. Robert Cunningham Wood JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Radiology Associates of North Texa  
 816 W Cannon St  
 City Fort Worth State TX Zip Code 76104-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Associates of Tarrant County Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **375.00**

Date of Receipt **04 / 12 / 2016**  
**Transaction ID : C3292261**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>958.34</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 115 OF 128
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Scott Forest Woomer</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2016 <b>Transaction ID : C3292262</b>
Mailing Address Radiology Associates 816 W Cannon St		Amount of Each Receipt this Period 500.00
City Fort Worth	State TX	Zip Code 76104-3146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baylor Medical Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Phillip Guy Wortley MD</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2016 <b>Transaction ID : C3292263</b>
Mailing Address Radiology Associates of North Texa 816 W Cannon St		Amount of Each Receipt this Period 500.00
City Fort Worth	State TX	Zip Code 76104
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Rad Associates of North Texas	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. James Jay Yaquinto</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2016 <b>Transaction ID : C3292264</b>
Mailing Address Radiology Assoc of Tarrant Coun 815 Pennsylvania Ave		Amount of Each Receipt this Period 500.00
City Fort Worth	State TX	Zip Code 76104-2224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Radiology Associates of Tarrant County	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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 116 OF 128
	<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

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. Zi Yin**  
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Associates of Tarrant Co  
1350 S Main St Ste 4150

City Fort Worth State TX Zip Code 76104-7665

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

Name of Employer Occupation  
UCLA School of Medicine Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292265**

Amount of Each Receipt this Period  
333.00

Memo Item

**B. Stefanie B Zalsin**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Main St

City Mount Kisco State NY Zip Code 10549-3417

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

Name of Employer Occupation  
Northwell Health Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 12 / 2016  
**Transaction ID : C3292290**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. Rong Zeng MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 Gwinhurst Rd

City Knoxville State TN Zip Code 37934-4535

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

Name of Employer Occupation  
University of Texas Health Science Cen Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 19 / 2016  
**Transaction ID : C3305865**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	708.00
<b>TOTAL</b> This Period (last page this line number only).....▶	143638.38

**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

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
04 / 30 / 2016

**Transaction ID : D173602**

Amount of Each Disbursement this Period

1569.41

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

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

Amount of Each Disbursement this Period

Memo Item

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

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

1569.41

1569.41

**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

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

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

Full Name (Last, First, Middle Initial)

**A. BOUSTANY FOR SENATE INC**

Mailing Address PO BOX 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

**Transaction ID : D173596**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEMOCRATS WIN SEATS (DWS PAC)**

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

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	4		2	6		2	0	1	6

**Transaction ID : D173583**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Mexico Works PAC**

Mailing Address 611 PENNSYLVANIA AVE. SESTE. 143

City Washington State DC Zip Code 20003

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	4		2	6		2	0	1	6

**Transaction ID : D173581**

Amount of Each Disbursement this Period

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

Memo Item

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

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

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

1	1	5	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

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

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

Full Name (Last, First, Middle Initial)

**A. ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Rep. Andy Barr**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : D173587**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : D173601**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : D173593**

Amount of Each Disbursement this Period

1500.00

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"/> 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

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

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

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
Voided Check

Candidate Name  
**Rep. Charlie Dent**

Office Sought:  House  Senate  President  
State: PA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D173599

Amount of Each Disbursement this Period

-2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Charlie Dent**

Office Sought:  House  Senate  President  
State: PA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D173600

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Darin LaHood**

Office Sought:  House  Senate  President  
State: IL District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172495

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

2000.00



**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

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

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

Full Name (Last, First, Middle Initial)

**A. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS**

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Debbie Wasserman Schultz**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 23

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173584

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Greg Walden**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172497

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. James B. Renacci**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172502

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

9500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. CASTOR FOR CONGRESS**

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kathy Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : D172504**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. YODER FOR CONGRESS, INC**

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Rep. Kevin Yoder**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : D173595**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : D173582**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Larry Bucshon**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173594

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Michael C. Burgess**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172492

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Michelle Lujan Grisham**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173592

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

9000.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Mike Kelly**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172503

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Mike Thompson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173597

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Patrick Meehan**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172500

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)..... ▶

6000.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Pete Olson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : D172496

Amount of Each Disbursement this Period

5,000.00 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name  
**Rep. Ryan A. Costello**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : D172493

Amount of Each Disbursement this Period

5,000.00 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State MD Zip Code 20005

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Rep. Steny H. Hoyer**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : D173598

Amount of Each Disbursement this Period

5,000.00 2500.00

Memo Item

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

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

5000.00

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

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

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

Full Name (Last, First, Middle Initial)

**A. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH. STREET

City State Zip Code  
HOLLIS NY 11412

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Yvette D. Clarke**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : D172494**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City State Zip Code  
DES MOINES IA 50304

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Sen. Charles E. Grassley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

**Transaction ID : D173589**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City State Zip Code  
HAYS KS 67601

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Sen. Jerry Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

**Transaction ID : D173590**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Sen. Johnny Isakson**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172505

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173586

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROY BLUNT**

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name

**Sen. Roy Blunt**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173588

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

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

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

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

Full Name (Last, First, Middle Initial)

**A. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Contribution to a federal campaign

Candidate Name  
**Sen. Tim Scott**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : D173591

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VOICE FOR FREEDOM**

Mailing Address 2814 SPRING ROAD, STE. 103

City ATLANTA State GA Zip Code 30339

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 M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : D172499

Amount of Each Disbursement this Period

5000.00

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

7000.00

73000.00