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

**FEC IDENTIFICATION NUMBER ▼**
C00343459

Check if 24-hour report 48-hour report New report Amends report filed on

### Full Name of Payee
Gumbinner & Davies Communications

**Mailing Address**
2001 S St NW
Ste 301

**City**
Washington

**State**
DC

**Zip Code**
20009-1164

**Purpose of Expenditure**
Printed Mail Marketing

**Category/Type**

**Name of Federal Candidate**
Neal, Richard, , Rep.,

**Office Sought:**
House District: 01
President Senate State: MA

**Calendar Year-To-Date Per Election for Office Sought**

**Transaction ID :** EFD36260978C1487AADC

**Date of Public Distribution/Dissemination**
08/11/2020

**Amount**
43528.00

**Disbursement For:**
Primary General

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

**Full Name of Payee**

**Mailing Address**

**City**

**State**

**Zip Code**

**Purpose of Expenditure**

**Category/Type**

**Name of Federal Candidate**

**Office Sought:**

**Calendar Year-To-Date Per Election for Office Sought**

**Date of Public Distribution/Dissemination**

**Amount**

**Date of Disbursement or Obligation**

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

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

[Electronically Filed] Date 08/13/2020

Signature