

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

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00343459		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee GDA Wins, LLC			Date of Public Distribution/Dissemination 10 / 15 / 2024		
Mailing Address 3430 Connecticut Ave NW Unit 11813			Amount 63744.71		
City Washington State DC Zip Code 20008-7550		Transaction ID : E494A33F877B44B71B89 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure printed mail marketing for Sen. Sherrod Brown		Category/ Type			
Name of Federal Candidate Brown, Sherrod, , Sen.,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 201930.15			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee GDA Wins, LLC			Date of Public Distribution/Dissemination 10 / 15 / 2024		
Mailing Address 3430 Connecticut Ave NW Unit 11813			Amount 53579.52		
City Washington State DC Zip Code 20008-7550		Transaction ID : EC61F0C781E9941C487E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure printed mail marketing for Sen. Jacky Rosen		Category/ Type			
Name of Federal Candidate Rosen, Jacky, , Sen.,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 191564.04			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117324.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			117324.23		
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. Signature Scanlon, Mary, H, Dr., MD, FACR Date 10 / 16 / 2024					