

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) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [08] / [01] / [2018] through [08] / [31] / [2018]

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

Type or Print Name of Treasurer

Signature of Treasurer Scanlon, Mary, F, , MD, FACR [Electronically Filed] Date [10] / [19] / [2018]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Radiology Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		918586.30
(b) Cash on Hand at Beginning of Reporting Period.....	1029995.43	
(c) Total Receipts (from Line 19)	48388.59	822152.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1078384.02	1740738.85
7. Total Disbursements (from Line 31).....	125143.63	787498.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	953240.39	953240.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: / / 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).....	48388.59	763300.08
(ii) Unitemized	0.00	40852.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48388.59	804152.55
(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)	48388.59	804152.55
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	18000.00
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)).....▶	48388.59	822152.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	48388.59	822152.55

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	488.95	8343.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	488.95	8343.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	659500.00
24. Independent Expenditures (use Schedule E)	59654.68	109654.68
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(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	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	125143.63	787498.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125143.63	787498.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	48388.59	804152.55
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48388.59	794152.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	488.95	8343.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	488.95	8343.78

**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 173
	<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. Abdel-Dayem, Essmaeel, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768909
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Abdel-Dayem, Essmaeel, H, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777381
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Adler, Cameron, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 E Michelle Dr
 City Phoenix State AZ Zip Code 85032-9535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic School of Graduate Medical Occupation (for Individual) Diagnostic Radiology Resident
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 08 / 14 / 2018
Transaction ID : C3760372
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.00
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 7 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768820
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768859
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Albert, Arthur, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777335
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 53.58
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 8 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Allen, Leighton, Chase, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greenville Radiology PA
 1210 W Faris Rd
 City Greenville State SC Zip Code 29605-4444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMG Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt 08 / 30 / 2018
Transaction ID : C3768507
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Alson, Mark, David, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6641 N Forkner Ave
 City Fresno State CA Zip Code 93711-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sierra Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2014 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 27 / 2018
Transaction ID : C3766067
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Altieri, Rafael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Savoy St Apt D308
 City Boston State MA Zip Code 02118-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768910
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
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 9 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Altieri, Rafael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Savoy St Apt D308
 City Boston State MA Zip Code 02118-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777382
 Amount of Each Receipt this Period 50.00
 Memo Item

B. An, Jane, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rose Clf
 City Farmington State CT Zip Code 06032-2858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768821
 Amount of Each Receipt this Period 9.26
 Memo Item

C. An, Jane, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rose Clf
 City Farmington State CT Zip Code 06032-2858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768860
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.52
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. An, Jane, , MD

Mailing Address 6 Rose Clf

City Farmington	State CT	Zip Code 06032-2858
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2018

Transaction ID : C3777336

Amount of Each Receipt this Period
9.26

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Anderson, Thomas, McDowell, , MD, FACR

Mailing Address 2120 W Schiller St

City Chicago	State IL	Zip Code 60622-1825
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BIDMC	Occupation (for Individual) Radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2018

Transaction ID : C3764031

Amount of Each Receipt this Period
125.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Angel, Jacqueline, D, , BS

Mailing Address 594 West Dr

City Memphis	State TN	Zip Code 38112-1725
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT/Methodist Healthcare	Occupation (for Individual) Resident Physician
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2018

Transaction ID : C3761723

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	149.26
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 11 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Angel, Wesley, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) **MRPC** Occupation (for Individual) **Interventional Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **08 / 16 / 2018**

Transaction ID : C3761724

Amount of Each Receipt this Period **100.00**

Memo Item

B. Angel, Wesley, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) **MRPC** Occupation (for Individual) **Interventional Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **08 / 20 / 2018**

Transaction ID : C3774224

Amount of Each Receipt this Period **400.00**

Memo Item

C. Applewhite, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **13074 Starbuck Rd**

City **Saint Louis** State **MO** Zip Code **63141-8544**

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

Name of Employer (for Individual) **West County Radiological Group** Occupation (for Individual) **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 09 / 2018**

Transaction ID : C3767658

Amount of Each Receipt this Period **75.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 12 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Arceo, Dina, Lucille, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 Bluff Run Dr
 City Greensboro State NC Zip Code 27455-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767556
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Armah, Kwasi, Ofori, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 Southridge Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller-DiPietro Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 03 / 2018
Transaction ID : C3756784
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Ballester, Gory, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Senderos en Montehiedra Calle Acuamarina #56
 City San Juan State PR Zip Code 00926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Puerto Rico Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 21 / 2018
Transaction ID : C3764032
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	611.53
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 13 OF 173
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bania, Merita, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 E 76th St Apt 10B

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Richmond Hill Radiology	Occupation (for Individual) NeuroRadiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 08 / 18 / 2018
Transaction ID : C3763875

Amount of Each Receipt this Period
25.00

Memo Item

B. Banks, Kevin, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27359 Smithson Valley Rd

City San Antonio	State TX	Zip Code 78261-2508
---------------------	-------------	------------------------

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

Name of Employer (for Individual) US Army	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 08 / 01 / 2018
Transaction ID : C3754698

Amount of Each Receipt this Period
150.00

Memo Item

C. Barbarisi, Marchello, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 City Ave Apt 13

City Merion Station	State PA	Zip Code 19066-1841
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of the Main Line	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 08 / 09 / 2018
Transaction ID : C3774211

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
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 14 OF 173 (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

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

A. Barke, Lora, Duyan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9091 Prairie Sky Lane
 City Lone Tree State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cook County Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767598
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Barke, Lora, Duyan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9091 Prairie Sky Lane
 City Lone Tree State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cook County Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767618
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Barke, Lora, Duyan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9091 Prairie Sky Lane
 City Lone Tree State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cook County Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767638
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 15 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Barke, Lora, Duyan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9091 Prairie Sky Lane

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2018

Transaction ID : C3774271

Amount of Each Receipt this Period
10.00

Memo Item

B. Barry, Joseph, Michael, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 Nathan Ln

City Carlisle	State MA	Zip Code 01741-1340
------------------	-------------	------------------------

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

Name of Employer (for Individual) Commonwealth Radiology Associates	Occupation (for Individual) 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
08	/	17	/	2018

Transaction ID : C3762592

Amount of Each Receipt this Period
50.00

Memo Item

C. Barry, Paul, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro	State NC	Zip Code 27415-1023
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Greensboro Radiology Assoc PA	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2018

Transaction ID : C3767557

Amount of Each Receipt this Period
96.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.15
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 16 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bartz, Brett, H, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr

City Colorado Springs	State CO	Zip Code 80921-5002
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		06		2018

Transaction ID : C3767599

Amount of Each Receipt this Period
15.00

Memo Item

B. Bartz, Brett, H, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr

City Colorado Springs	State CO	Zip Code 80921-5002
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		06		2018

Transaction ID : C3767619

Amount of Each Receipt this Period
15.00

Memo Item

C. Bartz, Brett, H, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr

City Colorado Springs	State CO	Zip Code 80921-5002
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		06		2018

Transaction ID : C3767639

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 17 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bartz, Brett, H, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1985 Bent Creek Dr

City Colorado Springs	State CO	Zip Code 80921-5002
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08	/	20	/	2018

Transaction ID : C3774272

Amount of Each Receipt this Period

15.00

 Memo Item

B. Bates, Richard, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6229 River Grove Cv

City Memphis	State TN	Zip Code 38120-2322
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiology	Occupation (for Individual) 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
08	/	20	/	2018

Transaction ID : C3774225

Amount of Each Receipt this Period

400.00

 Memo Item

C. Beavers, Kimberly, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1711 Lake Waumpi Dr

City Winter Park	State FL	Zip Code 32789-0905
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Florida Hospital	Occupation (for Individual) Diagnostic Radiology Resident
---	--

Receipt For: 2018
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
65.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2018

Transaction ID : C3765527

Amount of Each Receipt this Period

5.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Behbahani, Siavash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 3rd Ave Apt 4B
 City Mineola State NY Zip Code 11501-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winthrop-University Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 08 / 03 / 2018
Transaction ID : C3755723
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Behnke, Ernest, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1517 Carr Ave
 City Memphis State TN Zip Code 38104-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774226
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Bernauer, Timothy, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Pintail Place
 City Appleton State WI Zip Code 54913-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Appleton Occupation (for Individual) Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 08 / 26 / 2018
Transaction ID : C3765509
 Amount of Each Receipt this Period 210.00
 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: PAGE 19 OF 173 (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

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

A. Bertozzi, John, C, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2915 W Wallcraft Ave

City Tampa	State FL	Zip Code 33611-1650
---------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of St. Petersburg	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3761725

Amount of Each Receipt this Period
15.00

Memo Item

B. Blankinship, Joseph, P, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 549 S Belvedere Blvd

City Memphis	State TN	Zip Code 38104-5002
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiological, PC	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774227

Amount of Each Receipt this Period
400.00

Memo Item

C. Blietz, Melinda, Ann, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Stonecreek Ct

City Greensboro	State NC	Zip Code 27455-2242
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
176.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767558

Amount of Each Receipt this Period
101.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	516.97
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 20 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bliss, Stephen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Winchester St Apt 205
 City Brookline State MA Zip Code 02446-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768911
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Boals, Christopher, Adam, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774228
 Amount of Each Receipt this Period 800.00
 Memo Item

C. Boals, James, William, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2495 Birnam Wood Dr
 City Germantown State TN Zip Code 38138-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774230
 Amount of Each Receipt this Period 400.00
 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 21 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Boals, Jennifer, Robertson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2495 Birnam Wood Dr
 City Germantown State TN Zip Code 38138-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Memphis Radiological PC Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : C3774229
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Boghosian, Garen, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Wellesley Rd
 City Swarthmore State PA Zip Code 19081-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Radiology Associates of the Main Line Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 08 / 09 / 2018
Transaction ID : C3774212
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hackensack Radiology Group Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt
 08 / 02 / 2018
Transaction ID : C3768825
 Amount of Each Receipt this Period
 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	437.86
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 22 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768861
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Bogomol, Adam, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W End Ave Apt 10K
 City New York State NY Zip Code 10023-0046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777337
 Amount of Each Receipt this Period 17.86
 Memo Item

C. B?hm-V?lez, Marcela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Gramac Lane
 City Pittsburgh State PA Zip Code 15235-4577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weinstein Imaging Associates Occupation (for Individual) radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754697
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 135.72
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 23 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Boles, Mark, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 380 Throckmorton Rd

City Madison	State NC	Zip Code 27025-7939
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767559

Amount of Each Receipt this Period
211.53

Memo Item

B. Bonci, Gregory, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Lincoln Street

City Exeter	State NH	Zip Code 03833-2776
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2018

Transaction ID : C3759237

Amount of Each Receipt this Period
100.00

Memo Item

C. Bonn, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 456 Margo Ln

City Berwyn	State PA	Zip Code 19312-1460
----------------	-------------	------------------------

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

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2018

Transaction ID : C3774213

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	331.53
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Boyle, Daniel, Patrick, ,

Mailing Address 318 Winrow Dr

City Jamestown State NC Zip Code 27282-8434

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

Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.39**

Date of Receipt **08 / 18 / 2018**

Transaction ID : C3767560

Amount of Each Receipt this Period **211.53**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bramlette, James, G S, ,

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt **08 / 02 / 2018**

Transaction ID : C3768822

Amount of Each Receipt this Period **9.26**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bramlette, James, G S, ,

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt **08 / 16 / 2018**

Transaction ID : C3768862

Amount of Each Receipt this Period **9.26**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.05
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 25 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bramlette, James, G S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 111.12

Date of Receipt
 08 / 30 / 2018

Transaction ID : C3777338

Amount of Each Receipt this Period
 9.26

Memo Item

B. Brannon, Michael, Hamilton, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 Holland Trace Cir

City Simpsonville State SC Zip Code 29681-5869

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

Name of Employer (for Individual) Greenville Radiology Occupation (for Individual) Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 08 / 30 / 2018

Transaction ID : C3768508

Amount of Each Receipt this Period
 42.00

Memo Item

C. Brenneman, Janice, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
 10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 08 / 06 / 2018

Transaction ID : C3767600

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.26

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 26 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brenneman, Janice, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
 10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767620

Amount of Each Receipt this Period 10.00

Memo Item

B. Brenneman, Janice, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
 10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767640

Amount of Each Receipt this Period 10.00

Memo Item

C. Brenneman, Janice, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
 10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774273

Amount of Each Receipt this Period 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 27 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brooks, Maria, Teresa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9643 White Spruce Dr
 City Lakeland State TN Zip Code 38002-3985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Memphis Radiological, P.C. Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774231
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Brooks, Thomas, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 Pickering Trl
 City Lancaster State PA Zip Code 17601-4972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lancaster Radiology Associates Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790461
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Buechner, David, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Memphis Radiology Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774232
 Amount of Each Receipt this Period 400.00
 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: (check only one)	PAGE 28 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Burton, Bruce, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3106 Oakridge Court
 City Owensboro State KY Zip Code 42303-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Partners Occupation (for Individual) Radiologist/ Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754704
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bussey, Brian, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Vanderbilt Univ Medical Center 1161 21st Ave S
 City Nashville State TN Zip Code 37232-2675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 08 / 14 / 2018
Transaction ID : C3760373
 Amount of Each Receipt this Period 5.00
 Memo Item

c. Campbell, Justin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Massachusetts General Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768912
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 29 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Campbell, Justin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Massachusetts General Hospital Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777383

Amount of Each Receipt this Period 50.00

Memo Item

B. Carruth, Paul, Clay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Memphis Radiological PC
7695 Poplar Pike Ste 101

City Germantown State TN Zip Code 38138-5947

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

Name of Employer (for Individual) Dept of Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774233

Amount of Each Receipt this Period 400.00

Memo Item

C. Chambers, Mark, Aaron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1925 Roth Dr

City Saint Louis State MO Zip Code 63131-3655

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

Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3767659

Amount of Each Receipt this Period 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charnoff, Shelley, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Sea Ave
 City Quincy State MA Zip Code 02169-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768913
 Amount of Each Receipt this Period 37.50
 Memo Item

B. Charnoff, Shelley, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Sea Ave
 City Quincy State MA Zip Code 02169-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777384
 Amount of Each Receipt this Period 37.50
 Memo Item

c. Cheruvu, Raja, Sekhar, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Sanctuary Ct
 City Williamsville State NY Zip Code 14221-3963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Windsong Radiology Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.04

Date of Receipt 08 / 03 / 2018
Transaction ID : C3755724
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	137.50
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 31 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chu, Regina, Wong, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Ogle Rd
 City Old Tappan State NJ Zip Code 07675-7028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768823
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Chu, Regina, Wong, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Ogle Rd
 City Old Tappan State NJ Zip Code 07675-7028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768863
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Chu, Regina, Wong, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Ogle Rd
 City Old Tappan State NJ Zip Code 07675-7028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777339
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.78
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 32 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Clark, David, C, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

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

Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767561

Amount of Each Receipt this Period 211.53

Memo Item

B. Collazo-Ornes, Pedro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Naim St Cond Oceanica Apt 9

City San Juan State PR Zip Code 00907-0001

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

Name of Employer (for Individual) SP RADIOLOGY, PSC Occupation (for Individual) Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 16 / 2018
Transaction ID : C3761726

Amount of Each Receipt this Period 100.00

Memo Item

C. Collins, Denise, DeBrule, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 826 Edgemont Run

City Bloomfield Hills State MI Zip Code 48304-1458

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

Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Peds radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3755706

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 411.53

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 33 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Conaway, Jeffrey, Ralph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14575 Granada Cir
 City Overland Park State KS Zip Code 66224-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Imaging Consultants Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 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
 08 / 28 / 2018
Transaction ID : C3766592
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cormier, Kevin, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 Ivy Bnd
 City Blairsville State GA Zip Code 30512-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Interventional & Imaging Ass Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2018
Transaction ID : C3764046
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Couture, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 21st Ave S Apt 101
 City Nashville State TN Zip Code 37212-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2018
Transaction ID : C3760374
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Crummy, Timothy, Andrew, , MD, FACR

Mailing Address 2509 Middleton Beach Rd

City Madison	State WI	Zip Code 53562-2912
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MRSC	Occupation (for Individual) Radiologist
---	--

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
893.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2018

Transaction ID : C3756831

Amount of Each Receipt this Period
30.42

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Curnes, John, T, ,

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro	State NC	Zip Code 27401
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767562

Amount of Each Receipt this Period
211.53

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Czuczman, Gregory, , , Dr.

Mailing Address 10186 E Fair Cir

City Englewood	State CO	Zip Code 80111-5450
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767601

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	266.95
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 35 OF 173 (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

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

A. Czuczman, Gregory, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10186 E Fair Cir

City Englewood	State CO	Zip Code 80111-5450
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767621

Amount of Each Receipt this Period
25.00

Memo Item

B. Czuczman, Gregory, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10186 E Fair Cir

City Englewood	State CO	Zip Code 80111-5450
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767641

Amount of Each Receipt this Period
25.00

Memo Item

C. Czuczman, Gregory, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10186 E Fair Cir

City Englewood	State CO	Zip Code 80111-5450
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2018
Transaction ID : C3774274

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 36 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. D'Alessio, Thomas, Louis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 N Avalon Rd
 City Winston Salem State NC Zip Code 27104-2044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767563
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Daginawala, Naznin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hackensack Radiology Group 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768824
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Daginawala, Naznin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hackensack Radiology Group 130 Kinderkamack Rd Ste 200
 City River Edge State NJ Zip Code 07661-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768864
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.05
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 37 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Daginawala, Naznin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
 130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt **08 / 30 / 2018**

Transaction ID : C3777340

Amount of Each Receipt this Period **9.26**

Memo Item

B. Dang, Thuan, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 923 Carob St

City Redlands State CA Zip Code 92373

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

Name of Employer (for Individual) Arrowhead Radiology Medical Group Occupation (for Individual) Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **08 / 01 / 2018**

Transaction ID : C3754699

Amount of Each Receipt this Period **100.00**

Memo Item

C. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2515 S Cook St

City Denver State CO Zip Code 80210

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **08 / 06 / 2018**

Transaction ID : C3767602

Amount of Each Receipt this Period **19.23**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	128.49
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 38 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 S Cook St
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767622
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 S Cook St
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767642
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Dangleis, Keith, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 S Cook St
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774275
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 39 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Davis, Drew, E, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 Dalton Rd
 City Greensboro State NC Zip Code 27408-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767564
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Davis, Randall, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7960 Malcolm Cv
 City Germantown State TN Zip Code 38138-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774234
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Dawson-Jones, Lanita, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Queen Peggy Ln
 City Lewisville State TX Zip Code 75056-5808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Radiology Group/Aris Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 08 / 05 / 2018
Transaction ID : C3756832
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	636.53
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 40 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. de la Vega, Raul, S, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2936 Grampian Dr
 City Gastonia State NC Zip Code 28054-6402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shelby Radiological Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.00

Date of Receipt 08 / 15 / 2018
Transaction ID : C3761376
 Amount of Each Receipt this Period 45.00
 Memo Item

B. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768826
 Amount of Each Receipt this Period 17.86
 Memo Item

C. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768865
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.72
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 41 OF 173
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	<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

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

A. DeMeritt, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777341
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Dessner, Daniel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 River Rd.
 City Toledo State OH Zip Code 43614-5537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRA Occupation (for Individual) Physician-Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754691
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Donovan, Francis, Daniel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 Oak River Rd.
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774235
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	667.86
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 42 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Donovan, Timothy, Bohn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9224 Forest Downs Rd
 City Germantown State TN Zip Code 38138-8611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital of Memphis Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774236
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Dover, Kevin, Glenn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Needleleaf Ln
 City Greensboro State NC Zip Code 27410-2883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767565
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Dravid, Vikram, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3005 Lovell Ave
 City Broomall State PA Zip Code 19008-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bryn Mawr Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774214
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	631.53
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 173
	<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
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Dungan, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Front Range Rd
 City Littleton State CO Zip Code 80120-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767603
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Dungan, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Front Range Rd
 City Littleton State CO Zip Code 80120-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767623
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Dungan, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Front Range Rd
 City Littleton State CO Zip Code 80120-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767643
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 44 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dungan, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Front Range Rd
 City Littleton State CO Zip Code 80120-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774276
 Amount of Each Receipt this Period 19.23
 Memo Item

B. durick, nathan, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 highland green court
 City bettendorf State IA Zip Code 52722-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) advanced radiology Occupation (for Individual) radiologist/physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 17 / 2018
Transaction ID : C3762593
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Dyer, Andrew, W, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4724 Cole Rd
 City Memphis State TN Zip Code 38117-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774237
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	519.23
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 45 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Edmunds, John, Stewart, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Lake Forest Dr
 City Greensboro State NC Zip Code 27408-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Nuclear Medicine Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767566
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Elaini, Ahmed, Bassem, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 54
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768914
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Elaini, Ahmed, Bassem, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 54
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777385
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	311.53
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 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Emy, Margaret, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Oxford Dr
 City Tenafly State NJ Zip Code 07670-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768827
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Emy, Margaret, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Oxford Dr
 City Tenafly State NJ Zip Code 07670-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768866
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Emy, Margaret, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Oxford Dr
 City Tenafly State NJ Zip Code 07670-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777342
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 27.78
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Enochs, William, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Poplar Ave
 City Wayne State PA Zip Code 19087-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Ho Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774215
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Entrikin, Daniel, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7055 Toscana Trce
 City Summerfield State NC Zip Code 27358-9561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767567
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Everett, Catherine, J, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Madam Moores Ln
 City New Bern State NC Zip Code 28562-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Radiology Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 22 / 2018
Transaction ID : C3764047
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	396.53
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 48 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fang, David, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3151 Bedford Ln
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774238
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Farrell, Timothy, P, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Killarney
 City Williamsburg State VA Zip Code 23188-8415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peninsula Radiological Associates Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 21 / 2018
Transaction ID : C3764033
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fearnow, Edgar, Cecil, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 Goose Neck Dr
 City Lititz State PA Zip Code 17543-6618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790462
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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 49 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Feinstein, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 663 Oakwood Ln
 City Lancaster State PA Zip Code 17603-2465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 08 / 02 / 2018
Transaction ID : C3790463
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 Dale Ct E
 City River Vale State NJ Zip Code 07675-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt
 08 / 02 / 2018
Transaction ID : C3768828
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 Dale Ct E
 City River Vale State NJ Zip Code 07675-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt
 08 / 16 / 2018
Transaction ID : C3768867
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.72
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 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ferrone, George, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 Dale Ct E
 City River Vale State NJ Zip Code 07675-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777343
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Finch, Nathan, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Mt. Carmel Rd. Box 800170
 City Orrtanna State PA Zip Code 17353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chambersburg Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 19 / 2018
Transaction ID : C3763881
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fisher, Andrew, Joel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Assoc 10700 E Geddes Ave Ste 200
 City Englewood State CO Zip Code 80112-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 134.54

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767604
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.47
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 51 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fisher, Andrew, Joel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 134.54

Date of Receipt 08 / 06 / 2018

Transaction ID : C3767624

Amount of Each Receipt this Period 9.61

Memo Item

B. Fisher, Andrew, Joel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 134.54

Date of Receipt 08 / 06 / 2018

Transaction ID : C3767644

Amount of Each Receipt this Period 9.61

Memo Item

C. Fisher, Andrew, Joel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Radiology Imaging Assoc
10700 E Geddes Ave Ste 200

City Englewood State CO Zip Code 80112-3861

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 134.54

Date of Receipt 08 / 20 / 2018

Transaction ID : C3774277

Amount of Each Receipt this Period 9.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.83
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 52 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 S Williams St
 City Denver State CO Zip Code 80209-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767605
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 S Williams St
 City Denver State CO Zip Code 80209-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767625
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 S Williams St
 City Denver State CO Zip Code 80209-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767645
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 53 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fleishman, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 S Williams St
 City Denver State CO Zip Code 80209-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774278
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Flug, Jonathan, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11658 East Bloomfield Drive
 City Scottsdale State AZ Zip Code 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 21 / 2018
Transaction ID : C3764034
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Foster, Sarah, Jeanmarie, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 E Union St Apt 502
 City Seattle State WA Zip Code 98122-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768829
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.49
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 54 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Foster, Sarah, Jeanmarie, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 E Union St Apt 502

City Seattle	State WA	Zip Code 98122-4208
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768868

Amount of Each Receipt this Period
9.26

Memo Item

B. Foster, Sarah, Jeanmarie, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 E Union St Apt 502

City Seattle	State WA	Zip Code 98122-4208
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777344

Amount of Each Receipt this Period
9.26

Memo Item

C. Freeman, Jeffrey, James, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2241 Tatton Hall Rd

City Fort Mill	State SC	Zip Code 29715-0044
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BANNER HEALTH	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2018

Transaction ID : C3764048

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103.52
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 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Friedberg, Eric, Brian, , MD, FACR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Emory University	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : C3778042

Amount of Each Receipt this Period
100.00

Memo Item

B. Friedland, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Garfield St

City Denver	State CO	Zip Code 80206-5514
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2018

Transaction ID : C3767606

Amount of Each Receipt this Period
19.23

Memo Item

C. Friedland, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Garfield St

City Denver	State CO	Zip Code 80206-5514
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2018

Transaction ID : C3767626

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.46
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 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Friedland, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Garfield St
 City Denver State CO Zip Code 80206-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767646
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Friedland, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Garfield St
 City Denver State CO Zip Code 80206-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774279
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Frush, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Patrick Road
 City Bahama State NC Zip Code 27503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Pediatric Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2018
Transaction ID : C3755711
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.46
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gallerani, Peter, Mark, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5026 Warm Springs Pt

City Greensboro	State NC	Zip Code 27455
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767568

Amount of Each Receipt this Period
211.53

Memo Item

B. Gamss, Rebecca, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Dudley Dr

City Bergenfield	State NJ	Zip Code 07621-2614
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768830

Amount of Each Receipt this Period
9.26

Memo Item

C. Gamss, Rebecca, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Dudley Dr

City Bergenfield	State NJ	Zip Code 07621-2614
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768869

Amount of Each Receipt this Period
9.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.05
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 58 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Gamss, Rebecca, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Dudley Dr
 City Bergenfield State NJ Zip Code 07621-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777345
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Gardella, Dean, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 NE 17th Ave
 City Portland State OR Zip Code 97212-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768831
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Gardella, Dean, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 NE 17th Ave
 City Portland State OR Zip Code 97212-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768870
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 27.78
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 59 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gardella, Dean, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2126 NE 17th Ave

City Portland	State OR	Zip Code 97212-4601
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777346

Amount of Each Receipt this Period

9.26

 Memo Item

B. Garrett, Kevin, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3768 Highland Park Pl

City Memphis	State TN	Zip Code 38111-6923
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiological PC	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774239

Amount of Each Receipt this Period

400.00

 Memo Item

C. Gavant, Morris, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3206 Fallstaff Road

City Baltimore	State MD	Zip Code 21215-1721
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Radiology	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : C3756794

Amount of Each Receipt this Period

200.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	609.26
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gonzalez-Araiza, Guillermo, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4235 McRee Ave
 City Saint Louis State MO Zip Code 63110-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group, Inc Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 09 / 2018**
Transaction ID : C3767660
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Goodman, Eric, Todd, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Sharp Rees-Stealy Medical Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **08 / 26 / 2018**
Transaction ID : C3765510
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Gore, Robert, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79 Richmond St
 City Dorchester Center State MA Zip Code 02124-5729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 02 / 2018**
Transaction ID : C3768915
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 61 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gore, Robert, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79 Richmond St
 City Dorchester Center State MA Zip Code 02124-5729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777386
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Grady, Allen, T, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 Philadelphia Lake Ct
 City Greensboro State NC Zip Code 27408-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767569
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Grande, William, J, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3059 S Cook St
 City Denver State CO Zip Code 80210-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767607
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	286.53
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 62 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St

City Denver	State CO	Zip Code 80210-6511
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767627

Amount of Each Receipt this Period
25.00

Memo Item

B. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St

City Denver	State CO	Zip Code 80210-6511
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767647

Amount of Each Receipt this Period
25.00

Memo Item

C. Grande, William, J, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3059 S Cook St

City Denver	State CO	Zip Code 80210-6511
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : C3774280

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 63 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Graves, Thomas, Houston, , Dr.

Mailing Address 1412 Carr Ave

City Memphis State TN Zip Code 38104-4876

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

Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : C3774240

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Graves, William, Alan, ,

Mailing Address 1557 Peabody Ave

City Memphis State TN Zip Code 38104-3832

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

Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : C3774241

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Green, Brian, Allen, , MD

Mailing Address 909 ROCKY HILLS CV N

City CORDOVA State TN Zip Code 38018

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

Name of Employer (for Individual) University of Missouri Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : C3774242

Amount of Each Receipt this Period
 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 64 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Green, James, Judd, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3203 Olde Sedgfield Way

City Greensboro	State NC	Zip Code 27407-7281
--------------------	-------------	------------------------

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

Name of Employer (for Individual) High Point Radiological Services	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2018

Transaction ID : C3767570

Amount of Each Receipt this Period
211.53

Memo Item

B. Greiwe, Alison, C, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 707 Myrtle Ave

City Terrace Park	State OH	Zip Code 45174-1228
----------------------	-------------	------------------------

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2018

Transaction ID : C3765511

Amount of Each Receipt this Period
95.00

Memo Item

C. Gress, Robert, Eugene, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 Bridge Valley Rd

City Pequea	State PA	Zip Code 17565-9304
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2018

Transaction ID : C3790464

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.53
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 65 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gullbrand, C, Eric, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Christina Landing Dr Apt 602

City Wilmington	State DE	Zip Code 19801-5263
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Christiana Care Health System	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
08 / 19 / 2018
Transaction ID : **C3763878**

Amount of Each Receipt this Period
100.00

Memo Item

B. Haas, David, K, , MD, FACR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2110 Homeview ct

City Las Vegas	State NV	Zip Code 89117-2038
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sdmi	Occupation (for Individual) Physian
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
08 / 23 / 2018
Transaction ID : **C3764081**

Amount of Each Receipt this Period
85.00

Memo Item

C. Haddad, Labib, Fouad, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Ramsgate Dr

City Olivette	State MO	Zip Code 63132-4116
------------------	-------------	------------------------

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

Name of Employer (for Individual) West County Radiological Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 09 / 2018
Transaction ID : **C3767661**

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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 66 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Halford, Hollis, H, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address III

City Millington	State TN	Zip Code 38053-4102
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiological PC	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774243

Amount of Each Receipt this Period
400.00

Memo Item

B. Hall, Harold, Lee, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Whaton Oaks Ct

City Greensboro	State NC	Zip Code 27408-3637
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UNC - Chapel Hill	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767571

Amount of Each Receipt this Period
211.53

Memo Item

C. Han, Gene, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge	State NJ	Zip Code 07661-1931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768832

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	629.39
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 67 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Han, Gene, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018

Transaction ID : **C3768871**

Amount of Each Receipt this Period 17.86

Memo Item

B. Han, Gene, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Radiology Group
130 Kinderkamack Rd Ste 200

City River Edge State NJ Zip Code 07661-1931

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018

Transaction ID : **C3777347**

Amount of Each Receipt this Period 17.86

Memo Item

C. Hansen, Dale, E, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address JR

City Memphis State TN Zip Code 38119-6633

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

Name of Employer (for Individual) Memphis Radiological, P.C. Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018

Transaction ID : **C3774245**

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.72

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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hansen, Dale, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2265 Caylors Wood Cv
 City Germantown State TN Zip Code 38138-4117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Memphis Radiology Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 20 / 2018
Transaction ID : C3774244
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Harrison, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 FOXTAIL PLACE
 William
 City OWENSBORO State KY Zip Code 42303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RadPartners Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 18 / 2018
Transaction ID : C3763877
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hassell, Dayne, Daniel, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 Madison Ave
 City Greensboro State NC Zip Code 27403-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Greensboro Radiology Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt
 08 / 18 / 2018
Transaction ID : C3767572
 Amount of Each Receipt this Period
 211.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	861.53
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 69 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Haste, Adam, Kyle, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 931 E 1st Ave Apt 301

City Broomfield	State CO	Zip Code 80020-3720
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Synergy Radiology LLC	Occupation (for Individual) 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
08		16		2018

Transaction ID : C3761727

Amount of Each Receipt this Period
50.00

Memo Item

B. Hausmann, James, Stanford, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2813 Forest Hill Irene Rd

City Germantown	State TN	Zip Code 38139-7803
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Memorial Hosp	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774246

Amount of Each Receipt this Period
400.00

Memo Item

C. Hawkins, C, Matthew, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 Woodlawn Ave

City Decatur	State GA	Zip Code 30030-2309
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2018

Transaction ID : C3778049

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 70 OF 173 (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

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

A. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767608
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767628
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767648
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 71 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Heiss, Steven, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Elm St
 City Denver State CO Zip Code 80220-5741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774281
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Henn, Adam, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 Needleleaf Ln
 City Greensboro State NC Zip Code 27410-2882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767573
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Hinshelwood, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 Augusta Court
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health System Occupation (for Individual) Interventional Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754690
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.76
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hoagland, Lee, Eric, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 JOHNSON PL
 City EVANSVILLE State IN Zip Code 47714-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evansville Radiology, PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 23 / 2018
Transaction ID : C3764082
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hoagland, Luke, F, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15432 E Prentice Dr
 City Centennial State CO Zip Code 80015-4267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767609
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Hoagland, Luke, F, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15432 E Prentice Dr
 City Centennial State CO Zip Code 80015-4267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767629
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hoagland, Luke, F, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15432 E Prentice Dr
 City Centennial State CO Zip Code 80015-4267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767649
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Hoagland, Luke, F, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15432 E Prentice Dr
 City Centennial State CO Zip Code 80015-4267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774282
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Hodgkiss, Linda, Cox, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2313 Windcliff Dr
 City Eads State TN Zip Code 38028-7989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Memphis Radiological, PC Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774247
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hogg, Jeffery P., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 Kenmore Street
 City Morgantown State WV Zip Code 26505-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Occupation (for Individual) Physician Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3754716
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Holman, Benjamin, CarlLee, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6209 Heather Dr
 City Memphis State TN Zip Code 38119-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774248
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Holz, Alan, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 Lone Star Place
 City Davie State FL Zip Code 33328-1344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Hollywood Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754700
 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 75 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hoque, Kristina, , , MD, Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4434 Bellingham Ave
 City Studio City State CA Zip Code 91604-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Focus Medical Imaging Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3763927
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Horne, Kristopher, Cornell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5850 Fairwood Ln
 City Memphis State TN Zip Code 38120-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774249
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Hosch, Richard, Edward, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Carlton Blvd
 City Ridgeland State MS Zip Code 39157-9445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 18 / 2018
Transaction ID : C3763876
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 76 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hou, Stephanie, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1570 Brookvale Drive

City San Jose	State CA	Zip Code 95129-4601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768833

Amount of Each Receipt this Period

9.26

 Memo Item

B. Hou, Stephanie, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1570 Brookvale Drive

City San Jose	State CA	Zip Code 95129-4601
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768872

Amount of Each Receipt this Period

9.26

 Memo Item

C. Hou, Stephanie, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1570 Brookvale Drive

City San Jose	State CA	Zip Code 95129-4601
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777348

Amount of Each Receipt this Period

9.26

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.78
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 77 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Howard, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6346 Brooks Manor Cv
 City Memphis State TN Zip Code 38119-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological Professional Corp Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774250
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Hu, Jeffrey, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5405 Eastern Shore Dr
 City Greensboro State NC Zip Code 27455-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767574
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Huelsman, David, Anthony, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2812 Ambleside Place
 City Cincinnati State OH Zip Code 45208-3357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tristate IMG Occupation (for Individual) radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2018
Transaction ID : C3758389
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	861.53
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hunt, Valerie, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 Evergreen Ln
 City Berwyn State PA Zip Code 19312-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paoli Memorial Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 99.96

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774216
 Amount of Each Receipt this Period 16.66
 Memo Item

B. Hutchins, Eric, Burton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Univ of Tenn-Methodist Healthcare
 9417 Alex Dickson Cv
 City Bartlett State TN Zip Code 38133-0958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774251
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Inciardi, Marc, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11423 Manor
 City Leawood State KS Zip Code 66211-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kansas Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2018
Transaction ID : C3756802
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 79 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Israel, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3710 SW Hillside Dr
 City Portland State OR Zip Code 97221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diagnostic Radiologists PC Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2018
Transaction ID : C3759253
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jackson, Valerie, P, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5980 N Campo Abierto
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Board of Radiology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3754766
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jacob, Roy, George, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5231 21st st
 City Lubbock State TX Zip Code 79407-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 21 / 2018
Transaction ID : C3764041
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jensen, Maureen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 Chestnut Ave
 City Long Beach State CA Zip Code 90807-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whittier Breast Imaging Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3763928
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jochelson, Maxine, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MSKCC
 300 E 66th St Ste 711
 City New York State NY Zip Code 10065-6800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSKCC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) Aggregate Year-to-Date 30.00

Date of Receipt 08 / 27 / 2018
Transaction ID : C3766587
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jokerst, Clinton, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7469 E Phantom Way
 City Scottsdale State AZ Zip Code 85255-4616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Arizona Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) Aggregate Year-to-Date 168.00

Date of Receipt 08 / 16 / 2018
Transaction ID : C3761728
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.00
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 81 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jordan, David, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 437 Fieldstone Dr

City Burlington	State NC	Zip Code 27215-4640
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767575

Amount of Each Receipt this Period
211.53

Memo Item

B. Joshi, Surekha, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2972 Devonshire Cv

City Germantown	State TN	Zip Code 38139-8061
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Hospital	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774252

Amount of Each Receipt this Period
400.00

Memo Item

C. Kief-Garcia, Monika, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14136 ANDY PL
Monika

City RIVERSIDE	State CA	Zip Code 92508-8866
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Envision	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : C3770034

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	861.53
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kim, William, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 02 / 2018**
Transaction ID : C3768834
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Kim, William, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 16 / 2018**
Transaction ID : C3768873
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Kim, William, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 30 / 2018**
Transaction ID : C3777349
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 83 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kirkpatrick, Aaron, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Inslee St

City Greenwood Village	State CO	Zip Code 80111-1406
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767610

Amount of Each Receipt this Period
10.00

Memo Item

B. Kirkpatrick, Aaron, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Inslee St

City Greenwood Village	State CO	Zip Code 80111-1406
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767630

Amount of Each Receipt this Period
10.00

Memo Item

C. Kirkpatrick, Aaron, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Inslee St

City Greenwood Village	State CO	Zip Code 80111-1406
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767650

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kirkpatrick, Aaron, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Inslee St

City Greenwood Village	State CO	Zip Code 80111-1406
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : C3774283

Amount of Each Receipt this Period
10.00

Memo Item

B. Klein, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Terrace Drive

City Williston	State VT	Zip Code 05495-2135
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Vermont Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : C3754701

Amount of Each Receipt this Period
50.00

Memo Item

C. Koch, Pamela, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Eshelman Rd

City Lancaster	State PA	Zip Code 17601-5641
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3790465

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 85 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kramer, Jeffrey, Paul, ,

Mailing Address 2147 Meadow Ridge Dr

City Lancaster State PA Zip Code 17601-5762

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
08 / 02 / 2018

Transaction ID : C3790466

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 160 N 9th Ave
 130 Kinderkamack Rd Ste 200

City Highland Park State NJ Zip Code 08904-3628

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt
08 / 02 / 2018

Transaction ID : C3768835

Amount of Each Receipt this Period
9.26

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Krieger, Daniel, , , MD

Mailing Address 160 N 9th Ave
 130 Kinderkamack Rd Ste 200

City Highland Park State NJ Zip Code 08904-3628

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt
08 / 16 / 2018

Transaction ID : C3768874

Amount of Each Receipt this Period
9.26

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **118.52**

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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Krieger, Daniel, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 N 9th Ave
130 Kinderkamack Rd Ste 200

City Highland Park	State NJ	Zip Code 08904-3628
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777350

Amount of Each Receipt this Period

9.26

 Memo Item

B. Krishnan, Sriyesh, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Elmwood Dr

City Greensboro	State NC	Zip Code 27408-5830
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767576

Amount of Each Receipt this Period

211.53

 Memo Item

C. Kumarasamy, Narmadan, Akileswaran, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Camp Ave Unit 14J
130 Kinderkamack Rd Ste 200

City Stamford	State CT	Zip Code 06907-1846
------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
111.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768836

Amount of Each Receipt this Period

9.26

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.05
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 87 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kumarasamy, Narmadan, Akileswaran, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Camp Ave Unit 14J
130 Kinderkamack Rd Ste 200

City Stamford State CT Zip Code 06907-1846

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt **08 / 16 / 2018**

Transaction ID : C3768875

Amount of Each Receipt this Period **9.26**

Memo Item

B. Kumarasamy, Narmadan, Akileswaran, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Camp Ave Unit 14J
130 Kinderkamack Rd Ste 200

City Stamford State CT Zip Code 06907-1846

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **111.12**

Date of Receipt **08 / 30 / 2018**

Transaction ID : C3777351

Amount of Each Receipt this Period **9.26**

Memo Item

C. Ladd, Lauren, Michelle, , Dr.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5832 Guilford Ave

City Indianapolis State IN Zip Code 46220-2624

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **08 / 02 / 2018**

Transaction ID : C3755702

Amount of Each Receipt this Period **150.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	168.52
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 88 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lall, Ashima, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Pritchard Pl
 City Newtown Square State PA Zip Code 19073-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bryn Mawr Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 120.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774217
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Langdon, Neal, Weston, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Vanderbilt Univ Medical Center 1161 21st Ave S
 City Nashville State TN Zip Code 37232-2675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify) Aggregate Year-to-Date 40.00

Date of Receipt 08 / 17 / 2018
Transaction ID : C3762594
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Lantrip, Bryan, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 Northwind Dr
 City Brandon State MS Zip Code 39047-8683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMC Radiological Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 16 / 2018
Transaction ID : C3778047
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 275.00
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 173
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Laurel, Andrew, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 Hidden Falls Drive
 City Prospect State KY Zip Code 40059-6516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diagnostic X-ray Physicians Occupation (for Individual) radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754702
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lawrence, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Flagship Cove
 City Greensboro State NC Zip Code 27455-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767577
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Lemmi, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4437 Normandy Ave
 City Memphis State TN Zip Code 38117-2423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Memphis Chandler-F123C Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774253
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1111.53
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 173
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LeQuire, Mark, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 Myrtlewood Dr
 City Montgomery State AL Zip Code 36111-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montgomery Radiology Associates, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2018
Transaction ID : C3761729
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Leslie, Paul, Albert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 Eshelman Rd
 City Lancaster State PA Zip Code 17601-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790467
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Liebkemann, Walter, Dickinson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27401-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767578
 Amount of Each Receipt this Period 211.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	561.53
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 91 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Liebling, Melissa, Schubach, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ivy Ln
 City Spring Valley State NY Zip Code 10977-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768837
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Liebling, Melissa, Schubach, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ivy Ln
 City Spring Valley State NY Zip Code 10977-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768876
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Liebling, Melissa, Schubach, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ivy Ln
 City Spring Valley State NY Zip Code 10977-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777352
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.78
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 92 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Litkouhi, Behrang, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cooper Hospital Univ Med Ctr
 1 Cooper Plz Ste B23
 City Camden State NJ Zip Code 08103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768838
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Litkouhi, Behrang, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cooper Hospital Univ Med Ctr
 1 Cooper Plz Ste B23
 City Camden State NJ Zip Code 08103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768877
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Litkouhi, Behrang, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cooper Hospital Univ Med Ctr
 1 Cooper Plz Ste B23
 City Camden State NJ Zip Code 08103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777353
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 27.78
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 93 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lohnes, John, H, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3459 S 143rd St E
 PO Box 8903
 City Wichita State KS Zip Code 67232-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wichita Rad Group Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 07 / 2018
Transaction ID : C3757185
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Love, Russ, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Snowden Rd
 City Bala Cynwyd State PA Zip Code 19004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Radiology Associates of the Main Line Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774218
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Radiology Imaging Associates Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767611
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.23
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 94 OF 173
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		<input type="checkbox"/> 17

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

A. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767631
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767651
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Luethe, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Radiology Imaging Associates
 10700 E Geddes Ave Ste 200
 City Denver State CO Zip Code 80220-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774284
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 173
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
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<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Lynch, Jennifer, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Forest Ave
 City Cohasset State MA Zip Code 02025-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768916
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lynch, Jennifer, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Forest Ave
 City Cohasset State MA Zip Code 02025-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777387
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Madeline, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Siena Drive
 City Greenville State SC Zip Code 29609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3755708
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 96 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mahoney, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address South Shore Hospital
 55 Fogg Rd
 City Braintree State MA Zip Code 02184-8280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768917
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mahoney, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address South Shore Hospital
 55 Fogg Rd
 City Braintree State MA Zip Code 02184-8280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777388
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Malde, Hiten, Maganlal, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Kinkaid Ave
 City Closter State NJ Zip Code 07624-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768839
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	117.86
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 97 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malde, Hiten, Maganlal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Kinkaid Ave

City Closter	State NJ	Zip Code 07624-2908
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768878

Amount of Each Receipt this Period
17.86

Memo Item

B. Malde, Hiten, Maganlal, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Kinkaid Ave

City Closter	State NJ	Zip Code 07624-2908
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777354

Amount of Each Receipt this Period
17.86

Memo Item

C. Malden, Eric, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3355 S Clayton Blvd

City Englewood	State CO	Zip Code 80113-7611
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates, P.C.	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767612

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.95
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 98 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malden, Eric, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 S Clayton Blvd
 City Englewood State CO Zip Code 80113-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767632
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Malden, Eric, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 S Clayton Blvd
 City Englewood State CO Zip Code 80113-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767652
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Malden, Eric, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 S Clayton Blvd
 City Englewood State CO Zip Code 80113-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774285
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 99 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Malliah, Sangit, B, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 almeda lane

City moorestown	State NJ	Zip Code 08057-3093
--------------------	-------------	------------------------

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

Name of Employer (for Individual) capital health advanced imaging	Occupation (for Individual) radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : C3756513

Amount of Each Receipt this Period
100.00

Memo Item

B. Malone, Carolyn, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Duck Pond Ln

City Ramsey	State NJ	Zip Code 07446-1643
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768849

Amount of Each Receipt this Period
9.26

Memo Item

C. Malone, Carolyn, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Duck Pond Ln

City Ramsey	State NJ	Zip Code 07446-1643
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768879

Amount of Each Receipt this Period
9.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.52
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 100 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Malone, Carolyn, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Duck Pond Ln

City Ramsey	State NJ	Zip Code 07446-1643
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777355

Amount of Each Receipt this Period

211.53

 Memo Item

B. Mansell, Eric, Arthur, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Pinecrest Rd

City Greensboro	State NC	Zip Code 27403-1524
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767579

Amount of Each Receipt this Period

211.53

 Memo Item

C. Mattern, Christopher, Wayne, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5807 Scotland Oaks Ct

City Greensboro	State NC	Zip Code 27407-7274
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767580

Amount of Each Receipt this Period

211.53

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	432.32
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Maxwell, James, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Loch Ridge Dr
 City Greensboro State NC Zip Code 27408-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767581
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Mays, Margaret Ann, Klinke, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Wallace Rd
 City Memphis State TN Zip Code 38117-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774265
 Amount of Each Receipt this Period 200.00
 Memo Item

c. McAdams, Christopher, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3437 N Druid Hills Rd Apt R
 City Decatur State GA Zip Code 30033-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University School of Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754525
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	432.53
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 102 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McAnally, James, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 842 E Main St
 City Medford State OR Zip Code 97504-7134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Medford Radiological Group, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 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
 08 / 05 / 2018
Transaction ID : C3756840
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McCain, Joshua, W, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Foot Point Rd
 City Columbia State SC Zip Code 29209-0846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lexington Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2018
Transaction ID : C3759236
 Amount of Each Receipt this Period
 100.00
 Memo Item

c. McCullough, Heath, K, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Lafayette Ave
 City Greensboro State NC Zip Code 27408-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2018
Transaction ID : C3767582
 Amount of Each Receipt this Period
 211.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	811.53
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 103 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. McGinty, Geraldine, B, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Avenue B Apt 3C
 City New York State NY Zip Code 10009-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 05 / 2018
Transaction ID : C3756833
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McGuire, Charles, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1937 Saddle Creek Court
 City Wichita State KS Zip Code 67206-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wichita Radiological Group Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2018
Transaction ID : C3756793
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. McGuire, Michael, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 1st St Apt 1204
 City Jersey City State NJ Zip Code 07302-5879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768840
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1109.26
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. McGuire, Michael, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 1st St Apt 1204

City Jersey City	State NJ	Zip Code 07302-5879
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2018

Transaction ID : C3768880

Amount of Each Receipt this Period

9.26

 Memo Item

B. McGuire, Michael, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 1st St Apt 1204

City Jersey City	State NJ	Zip Code 07302-5879
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2018

Transaction ID : C3777356

Amount of Each Receipt this Period

9.26

 Memo Item

C. McKenna, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4869 Spencer Dr

City Schwenksville	State PA	Zip Code 19473-2423
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Christiana Care Health System	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2018
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : C3754526

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.52
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 105 OF 173 (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

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

A. McKinstry, Robert, Carolin, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address III
510 S Kingshighway Blvd

City University City	State MO	Zip Code 63130-4707
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Washington University	Occupation (for Individual) Neuro Radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2018

Transaction ID : C3763929

Amount of Each Receipt this Period
50.00

Memo Item

B. Mehta, Neerav, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 S Princeton Ave

City Swarthmore	State PA	Zip Code 19081-1519
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2018

Transaction ID : C3774219

Amount of Each Receipt this Period
20.00

Memo Item

C. Merenich, William, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 Rolling Glen Drive

City Horsham	State PA	Zip Code 19044-1169
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2018

Transaction ID : C3774220

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 106 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mergo, Patricia, J, , MD, FACR

Mailing Address 4500 San Pablo Rd S

City Ponte Vedra	State FL	Zip Code 32081-5004
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2018

Transaction ID : C3778045

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Merkle, Alexander, , , MD

Mailing Address 1560 Market St Apt 803

City Denver	State CO	Zip Code 80202-2468
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado - Denver	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2018

Transaction ID : C3763882

Amount of Each Receipt this Period
5.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Meyers, Megan, B, , MD

Mailing Address E3085 Aspen Rd

City Eleva	State WI	Zip Code 54738-9462
---------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic Graduate Medical Education	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
80.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

Transaction ID : C3759261

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 107 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Miller, Mitchell, Alan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken	State NJ	Zip Code 07030-6730
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
803.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3778137

Amount of Each Receipt this Period

17.86

 Memo Item

B. Miller, Mitchell, Alan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken	State NJ	Zip Code 07030-6730
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
803.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3778138

Amount of Each Receipt this Period

17.86

 Memo Item

C. Miller, Mitchell, Alan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken	State NJ	Zip Code 07030-6730
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
803.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777357

Amount of Each Receipt this Period

17.86

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Monoky, David, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Greenway Rd
 City Ridgewood State NJ Zip Code 07450-4701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 02 / 2018**
Transaction ID : C3768841
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Monoky, David, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Greenway Rd
 City Ridgewood State NJ Zip Code 07450-4701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 16 / 2018**
Transaction ID : C3768881
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Monoky, David, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Greenway Rd
 City Ridgewood State NJ Zip Code 07450-4701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 30 / 2018**
Transaction ID : C3777358
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 109 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Montgomery, Van, A, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8971 Winding Way
 City Germantown State TN Zip Code 38139-6647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Methodist Hosp Occupation (for Individual) 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
 08 / 20 / 2018
Transaction ID : C3774254
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Morris, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Eagle Dr
 City Canton State MA Zip Code 02021-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) 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
 08 / 02 / 2018
Transaction ID : C3768918
 Amount of Each Receipt this Period
 37.50
 Memo Item

C. Morris, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Eagle Dr
 City Canton State MA Zip Code 02021-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Hospital Occupation (for Individual) 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
 08 / 31 / 2018
Transaction ID : C3777389
 Amount of Each Receipt this Period
 37.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Moser, Davis, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Tuckahoe Cove
 City Memphis State TN Zip Code 38117-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774255
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Mullinix, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6019 Margaux Ln
 City Indianapolis State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology of Indiana Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754692
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Naik, Mohit, Madan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Blvd Apt 4H
 City New York State NY Zip Code 10069-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768842
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	567.86
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 111 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Naik, Mohit, Madan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Riverside Blvd Apt 4H

City New York	State NY	Zip Code 10069-0232
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768882

Amount of Each Receipt this Period
17.86

Memo Item

B. Naik, Mohit, Madan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Riverside Blvd Apt 4H

City New York	State NY	Zip Code 10069-0232
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777359

Amount of Each Receipt this Period
17.86

Memo Item

C. Natera, Alejandro, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8031 Stonewyck Rd

City Germantown	State TN	Zip Code 38138-2349
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiology	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774256

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.72
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 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Neeley, Christopher, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Country Club Dr
 City Mankato State MN Zip Code 56001-9338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mankato Clinic Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3759064
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Newman, Justin, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 River Oaks Rd
 City Memphis State TN Zip Code 38120-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Memphis Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774257
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Nicholson, Brandi, Tamara, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Tyree Ln
 City Charlottesville State VA Zip Code 22901-3204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UVA Occupation (for Individual) Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2018
Transaction ID : C3761730
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 113 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Nicola, Gregory, Neal, , MD, FACR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

City New York	State NY	Zip Code 10069-0314
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack radiology group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768843

Amount of Each Receipt this Period

17.86

 Memo Item

B. Nicola, Gregory, Neal, , MD, FACR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

City New York	State NY	Zip Code 10069-0314
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack radiology group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768883

Amount of Each Receipt this Period

17.86

 Memo Item

C. Nicola, Gregory, Neal, , MD, FACR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Riverside Blvd Apt 14P

City New York	State NY	Zip Code 10069-0314
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack radiology group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
785.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777360

Amount of Each Receipt this Period

17.86

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
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 114 OF 173
	<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

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

A. Norbash, Alexander, M, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2488 Hidden Valley Road
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSD Occupation (for Individual) Chair of Radiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 08 / 2018
Transaction ID : C3758638
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Obembe, Olufolajimi, O, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1263
 City Lawrence State KS Zip Code 66044-8263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology and Nuclear Medicine Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 80.00

Date of Receipt 08 / 30 / 2018
Transaction ID : C3768509
 Amount of Each Receipt this Period 10.00
 Memo Item

c. Ollenschleger, Martin, D, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Drumlin Rd
 City West Simsbury State CT Zip Code 06092-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Radiology Occupation (for Individual) Interventional Neuroradiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2018
Transaction ID : C3764042
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 115 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City Denver	State CO	Zip Code 80202-3275
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767613

Amount of Each Receipt this Period
15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City Denver	State CO	Zip Code 80202-3275
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767633

Amount of Each Receipt this Period
15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City Denver	State CO	Zip Code 80202-3275
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767653

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 116 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Olsen, Kathryn, M, , Dr.

Mailing Address 891 14th St Unit 2902

City Denver	State CO	Zip Code 80202-3275
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2018

Transaction ID : C3774286

Amount of Each Receipt this Period
15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ong, Phat, V, , Dr.

Mailing Address 38 George St

City Tenafly	State NJ	Zip Code 07670-2009
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2018

Transaction ID : C3768844

Amount of Each Receipt this Period
9.26

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ong, Phat, V, , Dr.

Mailing Address 38 George St

City Tenafly	State NJ	Zip Code 07670-2009
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2018

Transaction ID : C3768884

Amount of Each Receipt this Period
9.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.52
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 117 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ong, Phat, V, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 George St

City Tenafly State NJ Zip Code 07670-2009

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

Name of Employer (for Individual) Hackensack Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777361

Amount of Each Receipt this Period 9.26

Memo Item

B. Ormond, David, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7501 Shadow Creek Dr

City Summerfield State NC Zip Code 27358-9365

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

Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767583

Amount of Each Receipt this Period 211.53

Memo Item

C. Ormsby, Jacob, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 Ferdinand Ave

City Forest Park State IL Zip Code 60130-1766

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

Name of Employer (for Individual) UTHSC/Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist Resident

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 80.00

Date of Receipt 08 / 22 / 2018
Transaction ID : C3764049

Amount of Each Receipt this Period 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.79

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 118 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768845
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768885
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Osiason, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777362
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 119 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Otte, Michael, T, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Glenmoor Cir
 City Englewood State CO Zip Code 80113-7121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Assoc Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 15 / 2018
Transaction ID : C3761377
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Owen, Joseph, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 W Third St
 City Lexington State KY Zip Code 40508-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darnes-Jewish Hospital Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3778043
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Owen, Wendi, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 W Third St
 City Lexington State KY Zip Code 40508-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darnes-Jewish Hospital Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3778044
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 120 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 02 / 2018**
Transaction ID : C3768846
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 16 / 2018**
Transaction ID : C3768886
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Panush, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt **08 / 30 / 2018**
Transaction ID : C3777363
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 121 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Parikh, Salil, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9477 Johnson Rd Ext
 City Germantown State TN Zip Code 38139-3603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774258
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Patel, Amit, V, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Doris Pl
 City Ridgewood State NJ Zip Code 07450-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768847
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Patel, Amit, V, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Doris Pl
 City Ridgewood State NJ Zip Code 07450-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768887
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.52
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 122 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Amit, V, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Doris Pl

City Ridgewood	State NJ	Zip Code 07450-5312
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777364

Amount of Each Receipt this Period
9.26

Memo Item

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

Mailing Address 161 S Huntington Ave Apt 521

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1458.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3778046

Amount of Each Receipt this Period
208.34

Memo Item

C. Patel, Dhiren, Y, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1041 Bluestone Dr

City Lititz	State PA	Zip Code 17543-6900
----------------	-------------	------------------------

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

Name of Employer (for Individual) Lancaster Radiology Associates, Ltd.	Occupation (for Individual) 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
08		02		2018

Transaction ID : C3790468

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	267.60
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 123 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Karan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7081 Hillside Dr
 City West Bloomfield State MI Zip Code 48322-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : C3759099
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2018
Transaction ID : C3768848
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2018
Transaction ID : C3768888
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.72
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 124 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Rita, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Ware Rd
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777365
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Patterson, Carrie, Watson, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 243
 City Eads State TN Zip Code 38028-0243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774259
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768850
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.72
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 125 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768889
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Pierce, Sean, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 48th Ave Apt 2A
 City Long Island City State NY Zip Code 11101-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777366
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Pinsk, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 Colket Ln
 City Devon State PA Zip Code 19333-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of the Main Line Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774221
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.72
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 126 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pop, Liviu, Eugen, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 Southwood Dr

City Asheboro	State NC	Zip Code 27205-1444
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2018

Transaction ID : C3767584

Amount of Each Receipt this Period
76.92

Memo Item

B. Preis, Ori, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Charlotte Rd

City Newton Center	State MA	Zip Code 02459
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2018

Transaction ID : C3768919

Amount of Each Receipt this Period
50.00

Memo Item

C. Preis, Ori, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Charlotte Rd

City Newton Center	State MA	Zip Code 02459
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2018

Transaction ID : C3777390

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	176.92
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 127 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Purysko, Andrei, Saraiva, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Ashbourne Dr

City Westlake	State OH	Zip Code 44145-8124
------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2018

Transaction ID : C3754703

Amount of Each Receipt this Period
150.00

Memo Item

B. Quraishi, Mohammed, Fareed Uddin, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 534 13th Ave W

City Kirkland	State WA	Zip Code 98033-4831
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2018

Transaction ID : C3761731

Amount of Each Receipt this Period
25.00

Memo Item

C. Rakow, Joel, I, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 Ivy Lane

City Wyckoff	State NJ	Zip Code 07481-1072
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2018

Transaction ID : C3768851

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.86
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 128 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rakow, Joel, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768890
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Rakow, Joel, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777367
 Amount of Each Receipt this Period 17.86
 Memo Item

c. Ramakrishna, Ravi, S, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1177 Coyote Run
 City Bourbonnais State IL Zip Code 60914-9342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Illinois Radiological Associat Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018 Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 05 / 2018
Transaction ID : C3756839
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.72
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 129 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Randall, Patricia, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13720 Plaza Mayor Drive

City Delray Beach	State FL	Zip Code 33446-3789
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Upstate Medical University	Occupation (for Individual) Retired Radiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3755338

Amount of Each Receipt this Period
150.00

Memo Item

B. Rao, Vikram, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14348 Manderleigh Woods Dr

City Town and Country	State MO	Zip Code 63017-8056
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) West County Radiological Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2018

Transaction ID : C3767662

Amount of Each Receipt this Period
42.00

Memo Item

C. Rawson, James, Vincent, , MD, FACR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Medical College of Georgia
1120 15th St # Ba1414

City Augusta	State GA	Zip Code 30912-0006
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Georgia	Occupation (for Individual) Radiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : C3778048

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.34
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 130 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Register, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 709 Central Dr
 City Elon State NC Zip Code 27244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767585
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Reid, Steven, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Lake Bluff Ct
 City Greensboro State NC Zip Code 27410-3551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767586
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Ricci, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 S Olive St
 City Denver State CO Zip Code 80230-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767614
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	448.06
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 131 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ricci, Peter, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 S Olive St

City Denver	State CO	Zip Code 80230-6946
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		06		2018

Transaction ID : C3767634

Amount of Each Receipt this Period
25.00

Memo Item

B. Ricci, Peter, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 S Olive St

City Denver	State CO	Zip Code 80230-6946
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		06		2018

Transaction ID : C3767654

Amount of Each Receipt this Period
25.00

Memo Item

C. Ricci, Peter, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 S Olive St

City Denver	State CO	Zip Code 80230-6946
----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Imaging Associates	Occupation (for Individual) 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
08		20		2018

Transaction ID : C3774287

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 132 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Roberts, Jon, Alan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9245 Forest Estates Cove

City Germantown	State TN	Zip Code 38139-7912
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Memphis Radiology	Occupation (for Individual) 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
08	/	20	/	2018

Transaction ID : C3774260

Amount of Each Receipt this Period
400.00

Memo Item

B. Rozentsvayg, Eka, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Fairmount Rd

City Ridgewood	State NJ	Zip Code 07450-1510
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2018

Transaction ID : C3768852

Amount of Each Receipt this Period
9.26

Memo Item

C. Rozentsvayg, Eka, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Fairmount Rd

City Ridgewood	State NJ	Zip Code 07450-1510
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
157.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2018

Transaction ID : C3768891

Amount of Each Receipt this Period
9.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.52
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 133 OF 173
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Rozentsvayg, Eka, , , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Fairmount Rd

City Ridgewood	State NJ	Zip Code 07450-1510
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt
08 / 30 / 2018
Transaction ID : C3777368

Amount of Each Receipt this Period
9.26

Memo Item

B. Russo, Craig, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 High Pointe Dr.
Craig

City Springfield	State IL	Zip Code 62702-3380
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Craig Russo	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
08 / 05 / 2018
Transaction ID : C3756838

Amount of Each Receipt this Period
150.00

Memo Item

c. Sallee, David, Christopher, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3269 N. Hartwell Ridge Dr.

City Collierville	State TN	Zip Code 38017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 20 / 2018
Transaction ID : C3774261

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	559.26
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 134 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sane, Shekhar, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 W. Miller Drive

City Mequon	State WI	Zip Code 53092-6188
----------------	-------------	------------------------

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

Name of Employer (for Individual) Milwaukee Radiologists, Ltd.	Occupation (for Individual) Interventional radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : C3754689

Amount of Each Receipt this Period
100.00

Memo Item

B. sapire, joshua, Michael, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 deer run road

City woodbridge	State CT	Zip Code 06525-1908
--------------------	-------------	------------------------

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

Name of Employer (for Individual) advanced radiology consultants	Occupation (for Individual) physician/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
08		02		2018

Transaction ID : C3755339

Amount of Each Receipt this Period
250.00

Memo Item

C. Schwartz, Erin, Simon, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Fairview Road

City Penn Valley	State PA	Zip Code 19072
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RACH	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3755704

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:	PAGE 135 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schwartz, Martin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5540 Havenhill Rd
 City Birmingham State AL Zip Code 35210-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Associates of Birmingham, PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2018
Transaction ID : C3764083
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Selvidge, Sidney, Davis Doole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 S Belvedere Blvd
 City Memphis State TN Zip Code 38104-5080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montclair Baptist Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774262
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Semine, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 337 Wellesley Street
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Newton Wellesley Radiology Assoc. Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754695
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 136 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sepahdari, Ali, R, , MD		Date of Receipt MM / DD / YYYY 08 / 13 / 2018
Mailing Address 826 Orange Ave Ste 554		Transaction ID : C3759262
City Coronado	State CA	Zip Code 92118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) UCLA	Occupation (for Individual) Diagnostic Radiologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shelton, Brixey, R, ,		Date of Receipt MM / DD / YYYY 08 / 20 / 2018
Mailing Address 4198 Sequoia Rd		Transaction ID : C3774263
City Memphis	State TN	Zip Code 38117-1636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Memphis Radiological, PC	Occupation (for Individual) Diagnostic Radiologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shick, Michael, Trevor, ,		Date of Receipt MM / DD / YYYY 08 / 18 / 2018
Mailing Address 2921 Crossfield Dr		Transaction ID : C3767587
City Greensboro	State NC	Zip Code 27408-6743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 211.53
Name of Employer (for Individual) Greensboro Radiology	Occupation (for Individual) Diagnostic Radiologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 365.39	

SUBTOTAL of Receipts This Page (optional).....	661.53
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 137 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Shnayderman, Dmitriy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W Seeboth St Unit 309
 City Milwaukee State WI Zip Code 53204-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Affiliate Occupation (for Individual) Diagnostic Radiologist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 08 / 24 / 2018
Transaction ID : C3764120
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Shogry, Mark, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greensboro Radiology PA
 1331 N Elm St Ste 200
 City Greensboro State NC Zip Code 27401-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767588
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Simmons, Lonnie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Gundersen/Lutheran Med Ctr
 1900 South Ave C02-002
 City La Crosse State WI Zip Code 54601-5494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Physician
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 24 / 2018
Transaction ID : C3765485
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	299.87
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 138 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Skalina, Stefan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Brookside Rd
 City Wallingford State PA Zip Code 19086-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2018
Transaction ID : C3780832
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Smith, Kevin, L, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 Connecticut Ave S Ste 100
 City Sartell State MN Zip Code 56377-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Diagnostic Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 28 / 2018
Transaction ID : C3767554
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Somogyi, Christopher, Todd, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 Devonshire Cove
 City Germantown State TN Zip Code 38139-8061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774266
 Amount of Each Receipt this Period 400.00
 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: PAGE 139 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767615
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767635
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2018
Transaction ID : C3767655
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 140 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sonin, Andrew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1083 Rutherford Way
 City Highlands Ranch State CO Zip Code 80126-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Imaging Associates, P.C. Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774288
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Stahl, John, Allen, , MD, FACR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Baywater Ln
 City Greensboro State NC Zip Code 27408-3123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Student Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767589
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Starr, Gail, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hackensack Univ Med Ctr 20 Prospect Ave Ste 513
 City Hackensack State NJ Zip Code 07601-1962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768853
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.79
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 141 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Starr, Gail, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt
08 / 16 / 2018
Transaction ID : **C3768892**

Amount of Each Receipt this Period
9.26

Memo Item

B. Starr, Gail, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

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

Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
157.42

Date of Receipt
08 / 30 / 2018
Transaction ID : **C3777369**

Amount of Each Receipt this Period
9.26

Memo Item

C. Stoane, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2369 NORTH SHORE RD

City BELLINGHAM State WA Zip Code 98226

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

Name of Employer (for Individual) Northwest Radiologists Occupation (for Individual) Radiologist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 01 / 2018
Transaction ID : **C3754693**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.52
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 142 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Stolpen, Alan, Howard, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Univ of Iowa
 200 Hawkins Dr
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 24 / 2018
Transaction ID : C3764121
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Strain, James, Palmer, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Avery St Apt 31A
 City Boston State MA Zip Code 02111-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768920
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Strain, James, Palmer, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Avery St Apt 31A
 City Boston State MA Zip Code 02111-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Medical Center Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777391
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 143 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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American College of Radiology Association PAC

A. Straka, Michelle, R Milanovich, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 892 Persimmon Rd

City Sewickley	State PA	Zip Code 15143-5306
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Michelle Straka	Occupation (for Individual) radiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3756998

Amount of Each Receipt this Period
150.00

Memo Item

B. Stranch, Nicole, V, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 N McNeil St

City Memphis	State TN	Zip Code 38112-5123
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : C3774264

Amount of Each Receipt this Period
200.00

Memo Item

C. Stroud, Taylor, Hamer, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Wentworth Dr

City Greensboro	State NC	Zip Code 27408-6522
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767590

Amount of Each Receipt this Period
211.53

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	561.53
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 144 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Su, Henry, , , Dr.

Mailing Address 595 Clapboardtree St

City Westwood	State MA	Zip Code 02090-2508
------------------	-------------	------------------------

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

Name of Employer (for Individual) South Short Radiology	Occupation (for Individual) 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
08	/	02	/	2018

Transaction ID : C3768921

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Su, Henry, , , Dr.

Mailing Address 595 Clapboardtree St

City Westwood	State MA	Zip Code 02090-2508
------------------	-------------	------------------------

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

Name of Employer (for Individual) South Short Radiology	Occupation (for Individual) 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
08	/	31	/	2018

Transaction ID : C3777392

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Sullivan, Richard, F, ,

Mailing Address 117 Bates Way

City Hanover	State MA	Zip Code 02339-1597
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Radiology	Occupation (for Individual) 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
08	/	02	/	2018

Transaction ID : C3768922

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 145 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sullivan, Richard, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Bates Way
 City Hanover State MA Zip Code 02339-1597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777393
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sunkavalli, Sunitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 943 High Mountain Rd
 City Franklin Lakes State NJ Zip Code 07417-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768854
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Sunkavalli, Sunitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 943 High Mountain Rd
 City Franklin Lakes State NJ Zip Code 07417-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768893
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.52
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 146 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sunkavalli, Sunitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 943 High Mountain Rd
 City Franklin Lakes State NJ Zip Code 07417-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 157.42

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777370
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Suojanen, James, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Sanders Way
 City Medfield State MA Zip Code 02052-2659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768923
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Suojanen, James, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Sanders Way
 City Medfield State MA Zip Code 02052-2659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777394
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	109.26
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 147 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Talbot, Kyle, Darren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767591
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Tanna, Nitin, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Druid Cir
 City Lititz State PA Zip Code 17543-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790469
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Taylor, Eddie, L, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3629 S Galloway Dr
 City Memphis State TN Zip Code 38111-6835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774267
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	631.53
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 148 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Teague, Shawn, DeWayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 Uinta St
 City Denver State CO Zip Code 80238-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Univ School of Medicine Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 27 / 2018
Transaction ID : C3778050
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Temin, Nathaniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Carleton St
 55 Frogg Rd
 City Newton State MA Zip Code 02458-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768924
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Temin, Nathaniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Carleton St
 55 Frogg Rd
 City Newton State MA Zip Code 02458-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : C3777395
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 149 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Theisen, Sean, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1346 Whispering Maples Ct
 City Ann Arbor State MI Zip Code 48108-2492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HVR Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 17 / 2018
Transaction ID : C3762595
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thomasson, Jeffrey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Brookside Ln
 City Saint Louis State MO Zip Code 63124-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West County Radiological Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3767663
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Thomson, Norman, B, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 Mayo Ln
 City Augusta State GA Zip Code 30907-9292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AU Medical Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2018
Transaction ID : C3754696
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1075.00
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 150 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768855
 Amount of Each Receipt this Period 17.86
 Memo Item

B. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768894
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Toth, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Radiology Group Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777371
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.58
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 151 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Turner, Susan, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7709 Chesterbrooke Dr
 City Greensboro State NC Zip Code 27455-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767592
 Amount of Each Receipt this Period 211.53
 Memo Item

B. Veazey, William, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greensboro Radiology PA
 1317 N Elm St Ste 1B
 City Greensboro State NC Zip Code 27415-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Assoc PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.39

Date of Receipt 08 / 18 / 2018
Transaction ID : C3767593
 Amount of Each Receipt this Period 211.53
 Memo Item

C. Virk, Jaskirat, Singh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Carla Ct
 City North Haledon State NJ Zip Code 07508-2461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768856
 Amount of Each Receipt this Period 9.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	432.32
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 152 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Virk, Jaskirat, Singh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Carla Ct
 City North Haledon State NJ Zip Code 07508-2461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768895
 Amount of Each Receipt this Period 9.26
 Memo Item

B. Virk, Jaskirat, Singh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Carla Ct
 City North Haledon State NJ Zip Code 07508-2461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 111.12

Date of Receipt 08 / 30 / 2018
Transaction ID : C3777372
 Amount of Each Receipt this Period 9.26
 Memo Item

C. Wahba, Peter, R, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Woodhill Ln
 City Media State PA Zip Code 19063-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 09 / 2018
Transaction ID : C3774222
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.52
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 153 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wald, Christoph, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Swallow Cave Rd
 City Nahant State MA Zip Code 01908-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Health Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 27 / 2018
Transaction ID : C3765528
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wattamwar, Anoop, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Wilfred Ter
 City Cliffside Park State NJ Zip Code 07010-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 02 / 2018
Transaction ID : C3768857
 Amount of Each Receipt this Period 17.86
 Memo Item

C. Wattamwar, Anoop, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Wilfred Ter
 City Cliffside Park State NJ Zip Code 07010-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 303.62

Date of Receipt 08 / 16 / 2018
Transaction ID : C3768896
 Amount of Each Receipt this Period 17.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.72
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 154 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wattamwar, Anoop, S, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Wilfred Ter
 City Cliffs Park State NJ Zip Code 07010-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Occupation (for Individual) Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **303.62**

Date of Receipt **08 / 30 / 2018**
Transaction ID : C3777373
 Amount of Each Receipt this Period **17.86**
 Memo Item

B. Watts, John, A, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Walter Jessup Ct
 City Greensboro State NC Zip Code 27455-3072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.39**

Date of Receipt **08 / 18 / 2018**
Transaction ID : C3767594
 Amount of Each Receipt this Period **211.53**
 Memo Item

C. Watts, Jonathan, , , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8140 Sangiovese Dr
 City Kernersville State NC Zip Code 27284-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greensboro Radiology PA Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.39**

Date of Receipt **08 / 18 / 2018**
Transaction ID : C3767595
 Amount of Each Receipt this Period **211.53**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	440.92
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 155 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weatherly, Mark, Willard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 Kingsbrook Rd
 City Memphis State TN Zip Code 38117-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiology Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774268
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Weber, Philip, Rowe, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 598 Harwood Cv
 City Memphis State TN Zip Code 38120-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774269
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Weinmann, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13200 Linton Rd
 City Fort Myers State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Paul Radiology, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 03 / 2018
Transaction ID : C3755709
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 156 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Westacott, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790470
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wiggins, Matthew, Clayton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3555
 City Lancaster State PA Zip Code 17604-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster Radiology Associates Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 08 / 02 / 2018
Transaction ID : C3790471
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Wilkerson, Benjamin, W, , Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 N 9th St
 City Oxford State MS Zip Code 38655-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Radiological PC Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : C3774270
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	515.00
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 157 OF 173 (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

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

A. Williams, Adam, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 Heschel St Unit C
 City Fort Collins State CO Zip Code 80524-2656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767616
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Williams, Adam, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 Heschel St Unit C
 City Fort Collins State CO Zip Code 80524-2656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767636
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Williams, Adam, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 Heschel St Unit C
 City Fort Collins State CO Zip Code 80524-2656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018
Transaction ID : C3767656
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 158 OF 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Williams, Adam, D, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 Heschel St Unit C

City Fort Collins	State CO	Zip Code 80524-2656
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : C3774289

Amount of Each Receipt this Period

10.00

 Memo Item

B. Woodruff, William, W, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Pearce Dr

City Jamestown	State NC	Zip Code 27282-8444
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767596

Amount of Each Receipt this Period

211.53

 Memo Item

C. Yamagata, Glenn, Takeshi, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Radiology PA
1331 N Elm St Ste 200

City Greensboro	State NC	Zip Code 27401-6304
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2018

Transaction ID : C3767597

Amount of Each Receipt this Period

211.53

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.06
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 159 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Yang, Clement, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 W 59th St Apt 19E

City New York	State NY	Zip Code 10019-1241
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : C3768858

Amount of Each Receipt this Period
17.86

Memo Item

B. Yang, Clement, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 W 59th St Apt 19E

City New York	State NY	Zip Code 10019-1241
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : C3768897

Amount of Each Receipt this Period
17.86

Memo Item

C. Yang, Clement, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 W 59th St Apt 19E

City New York	State NY	Zip Code 10019-1241
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Radiology Group	Occupation (for Individual) Diagnostic Radiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
303.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : C3777374

Amount of Each Receipt this Period
17.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.58
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 160 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Yeh, Ernest, N, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 Plainfield St

City Waban	State MA	Zip Code 02468-1634
---------------	-------------	------------------------

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

Name of Employer (for Individual) South Shore Radiology	Occupation (for Individual) 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
08		02		2018

Transaction ID : C3768925

Amount of Each Receipt this Period
50.00

Memo Item

B. Yeh, Ernest, N, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 Plainfield St

City Waban	State MA	Zip Code 02468-1634
---------------	-------------	------------------------

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

Name of Employer (for Individual) South Shore Radiology	Occupation (for Individual) 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
08		31		2018

Transaction ID : C3777396

Amount of Each Receipt this Period
50.00

Memo Item

C. Yi, Jean, Kyong, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Old Barn Ln

City Malvern	State PA	Zip Code 19355-3306
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Radiology Associates of the Main Line	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2018

Transaction ID : C3774223

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 161 OF 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Young, Daniel, J, , MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5723 Arsenal St

City Saint Louis	State MO	Zip Code 63139-1609
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mallinckrodt Institute of Radiology	Occupation (for Individual) Diagnostic Radiology Resident
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
95.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2018

Transaction ID : C3765512

Amount of Each Receipt this Period
20.00

Memo Item

B. Yung, Michael, O, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11812 Lewison Ln

City Gretna	State NE	Zip Code 68028-4666
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767617

Amount of Each Receipt this Period
25.00

Memo Item

C. Yung, Michael, O, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11812 Lewison Ln

City Gretna	State NE	Zip Code 68028-4666
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : C3767637

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 162 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Yung, Michael, O, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11812 Lewison Ln

City Gretna	State NE	Zip Code 68028-4666
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2018

Transaction ID : C3767657

Amount of Each Receipt this Period
25.00

Memo Item

B. Yung, Michael, O, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11812 Lewison Ln

City Gretna	State NE	Zip Code 68028-4666
----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Diagnostic Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2018

Transaction ID : C3774290

Amount of Each Receipt this Period
25.00

Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	48388.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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 M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

FEC Identification Number

C

Transaction ID : D184774
Amount of Each Disbursement this Period

488.95

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

488.95

488.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Americans for Legislative Excellence PAC		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 1863		FEC Identification Number C C00572362 Transaction ID : D184570 Amount of Each Disbursement this Period 2500.00
City Martinsburg	State WV	Zip Code 25402
Purpose of Disbursement Contribution to L'PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. CHESAPEAKE PAC		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 170 OLD ENTERPRISE ROAD PO BOX 5323		FEC Identification Number C C00338756 Transaction ID : D184546 Amount of Each Disbursement this Period 5000.00
City UPPER MARLORO	State MD	Zip Code 20774
Purpose of Disbursement Contribution to LPAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. DEBBIE DINGELL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 19855 W. OUTER DR. STE 103 AE		FEC Identification Number C C00558213 Transaction ID : D184547 Amount of Each Disbursement this Period 2500.00
City DEARBORN	State MI	Zip Code 48124
Purpose of Disbursement Contribution to Re-Elect		Category/ Type
Candidate Name Dingell, Debbie, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12	Memo Item <input type="checkbox"/>	

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. DEMOCRATS UNITED TO CHANGE AND HOPE PAC (DUTCH PAC)

Full Name (Last, First, Middle Initial)
499 S. Capitol Street, SW
Suite 404

Mailing Address

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution to LPAC

Candidate Name

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

State: District:

Date of Disbursement: 08 / 29 / 2018

FEC Identification Number: C00448001
Transaction ID : D184548
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
PO BOX 3241

Mailing Address

City: CHEYENNE State: WY Zip Code: 82003

Purpose of Disbursement: Contribution to LPAC

Candidate Name

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

State: District:

Date of Disbursement: 08 / 29 / 2018

FEC Identification Number: C00392134
Transaction ID : D184549
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Mooney for Congress

Full Name (Last, First, Middle Initial)
PO Box 1863

Mailing Address

City: Martinsburg State: WV Zip Code: 25402

Purpose of Disbursement: Contribution to Re-Elect

Candidate Name: **Mooney, Alex, , ,**

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

State: WV District: 02

Date of Disbursement: 08 / 29 / 2018

FEC Identification Number: C00506774
Transaction ID : D184553
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 425 2nd Street, NE		FEC Identification Number C00027466 Transaction ID : D184554 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution to Party Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 425 2nd Street, NE		FEC Identification Number C00027466 Transaction ID : D184555 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution to Party Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ANDY BARR FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 2059		FEC Identification Number C00467571 Transaction ID : D184544 Amount of Each Disbursement this Period 3000.00
City LEXINGTON	State KY	Zip Code 40588
Purpose of Disbursement Contribution to Re-Elect		Category/ Type
Candidate Name Barr, Andy, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KY District: 06		

SUBTOTAL of Disbursements This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. PASCRELL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO Box 100		FEC Identification Number C 000313510 Transaction ID : D184556
City Teaneck	State NJ	Zip Code 07666-0100
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 5000.00
Candidate Name Pascrell, Bill, , Rep., Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 09	

Full Name (Last, First, Middle Initial) B. DAVID ROUZER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 2267		FEC Identification Number C 000501643 Transaction ID : D184558
City SMITHFIELD	State NC	Zip Code 27577
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 5000.00
Candidate Name Rouzer, David, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 07	

Full Name (Last, First, Middle Initial) C. BUDDY CARTER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 200 E ST JULIAN ST SUITE 603		FEC Identification Number C 000543967 Transaction ID : D184545
City SAVANNAH	State GA	Zip Code 31401
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 1000.00
Candidate Name Carter, Earl, L., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: GA	District: 01	

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

11000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LANCE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 225		FEC Identification Number C 000444224 Transaction ID : D184551
City COLONIA	State NJ	Zip Code 07067
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 2000.00
Candidate Name Lance, Leonard, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 07		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT LINDA SANCHEZ		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 410 1ST ST SE Suite 310		FEC Identification Number C 000384057 Transaction ID : D184559
City WASHINGTON	State CA	Zip Code 20003
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 2000.00
Candidate Name Sanchez, Linda, T., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 38		

Full Name (Last, First, Middle Initial) C. SCOTT PETERS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 70980		FEC Identification Number C 000503110 Transaction ID : D184557
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 2000.00
Candidate Name Peters, Scott, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 52		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. HELLER FOR SENATE		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address PO BOX 371907		FEC Identification Number C00494229 Transaction ID : D184550
City LAS VEGAS	State NV	Zip Code 89137
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 1500.00
Candidate Name Heller, Dean, , Sen.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District:	

Full Name (Last, First, Middle Initial) B. SMUCKER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 548 STEEL WAY PO BOX 7066		FEC Identification Number C00599464 Transaction ID : D184561
City LANCASTER	State PA	Zip Code 17604
Purpose of Disbursement Contribution to Re-Elect		Amount of Each Disbursement this Period 1000.00
Candidate Name Smucker, Lloyd, K., ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: PA	District: 16	

Full Name (Last, First, Middle Initial) C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)		Date of Disbursement MM / DD / YYYY 08 / 29 / 2018
Mailing Address 228 SOUTH WASHINGTON SUITE 115		FEC Identification Number C00388421 Transaction ID : D184562
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to LPAC		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 2875 Towerview Road, Suite 1000

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2018

City Herndon State VA Zip Code 20171

FEC Identification Number

C C00431403

Purpose of Disbursement
Contribution to LPAC

Transaction ID : D184564

Candidate Name

Amount of Each Disbursement this Period

2000.00

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. YoPAC

Mailing Address 3410 Alabama Ave

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2018

City Alexandria State VA Zip Code 22305-1736

FEC Identification Number

C C00497305

Purpose of Disbursement
Contribution to L'PAC

Transaction ID : D184566

Candidate Name

Amount of Each Disbursement this Period

2500.00

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

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

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

4500.00

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

65000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Gumbinner & Davies Communications
Mailing Address 2001 S St NW Ste 301
City Washington State DC Zip Code 20009
Purpose of Expenditure printed mail marketing
Name of Federal Candidate: Sevigny, Steve, , Dr., Support
Office Sought: House District: 06 State: FL
Calendar Year-To-Date Per Election for Office Sought 59654.68
Disbursement For: Primary 2018

Full Name of Payee Gumbinner & Davies Communications
Mailing Address 2001 S St NW Ste 301
City Washington State DC Zip Code 20009
Purpose of Expenditure printed mail marketing
Name of Federal Candidate: Sevigny, Steve, , Dr., Support
Office Sought: House District: 06 State: FL
Calendar Year-To-Date Per Election for Office Sought 59654.68
Disbursement For: Primary 2018

(a) SUBTOTAL of Itemized Independent Expenditures 29827.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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, F., MD, FACR [Electronically Filed] Date 10 / 19 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Gumbinner & Davies Communications
Mailing Address 2001 S St NW Ste 301
City Washington State DC Zip Code 20009
Purpose of Expenditure printed mail marketing
Category/Type
Date of Public Distribution/Dissemination
Amount 14913.67
Transaction ID : D184347
Date of Disbursement or Obligation 08 / 20 / 2018

Name of Federal Candidate: Sevigny, Steve, , Dr.,
Support Oppose
Office Sought: House Senate State: FL
District: 06
Calendar Year-To-Date Per Election for Office Sought 59654.68
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Gumbinner & Davies Communications
Mailing Address 2001 S St NW Ste 301
City Washington State DC Zip Code 20009
Purpose of Expenditure printed mail marketing
Category/Type
Date of Public Distribution/Dissemination
Amount 14913.67
Transaction ID : D184368
Date of Disbursement or Obligation 08 / 22 / 2018

Name of Federal Candidate: Sevigny, Steve, , Dr.,
Support Oppose
Office Sought: House Senate State: FL
District: 06
Calendar Year-To-Date Per Election for Office Sought 59654.68
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29827.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 59654.68

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, F., MD, FACR [Electronically Filed] Date 10 / 19 / 2018
Signature