

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 Society for Radiation Oncology PAC ("ASTRO-PAC")

ADDRESS (number and street) 251 18th Street South 8th Floor Arlington VA 22202 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00384602 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thevenot, Laura, , ,

Type or Print Name of Treasurer Signature of Treasurer Thevenot, Laura, , , [Electronically Filed] Date 02 / 07 / 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 Society for Radiation Oncology PAC ("ASTRO-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="2017"/>		90349.63
(b) Cash on Hand at Beginning of Reporting Period.....	106148.63	
(c) Total Receipts (from Line 19)	72143.00	168942.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	178291.63	259291.63
7. Total Disbursements (from Line 31).....	80000.00	161000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98291.63	98291.63
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 Society for Radiation Oncology PAC ("ASTRO-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).....	63511.00	148376.00
(ii) Unitemized	8632.00	20566.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	72143.00	168942.00
(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)	72143.00	168942.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	72143.00	168942.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	72143.00	168942.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	161000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80000.00	161000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80000.00	161000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	72143.00	168942.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72143.00	168942.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Abrams, Ross, A., MD, FASTRO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9126 Ridgeway Ave
 City Skokie State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **07 / 30 / 2017**
Transaction ID : C3569991
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Allgood, John, W., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 E Jackson Ave
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Care Associates Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : C3649504
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Amendola, Marco, A., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 Veleros Ct
 City Coral Gables State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Cancer Institute Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **09 / 13 / 2017**
Transaction ID : C3603430
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 7 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Andrews, Janna, Z., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Lakeville Rd.
 City New Hyde Park State NY Zip Code 11042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Shore-Long Island Jewish Health Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 31 / 2017**
Transaction ID : C3617575
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Anscher, Mitchell, S., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 College St PO Box 980058
 City Richmond State VA Zip Code 23298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Commonwealth University Medic Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 19 / 2017**
Transaction ID : C3603433
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ariaratnam, Lemuel, S., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Madison Ave
 City Mount Holly State NJ Zip Code 08060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtua Memorial Hospital Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 07 / 2017**
Transaction ID : C3649489
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 8 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Ashman, Jonathan, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9101 N. Invergordon Rd
 City Paradise Valley State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Arizona Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2017
Transaction ID : C3636340
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Barnes, Margaret, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cancer Care and Research Center 908 S Cascade St
 City Fergus Falls State MN Zip Code 56537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Region Healthcare Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2017
Transaction ID : C3649502
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bastasch, Michael, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39101 Civic Center Dr
 City Fremont State CA Zip Code 94538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alameda Radiation Oncology Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 05 / 2017
Transaction ID : C3649476
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Brown, Sheree, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Kennestone Hospital BIVD LL1
 City Marietta State GA Zip Code 30060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellStar Health System Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : C3649650
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Castle, Katherine, O., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11854 Lake Estates Ave
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mary Bird Perkins Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 05 / 2017**
Transaction ID : C3581196
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Chawla, Ashish, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11631 Hunting Crest Ln
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiation Oncology Associates Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 08 / 2017**
Transaction ID : C3581208
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Cole, Robert, J., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept. of Radiation Oncology
261 James St Ste 2G

City Morristown State NJ Zip Code 07960

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

Name of Employer (for Individual) The Cancer Center PC Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2017
Transaction ID : C3581200

Amount of Each Receipt this Period 500.00

Memo Item

B. Court, Wayne, S., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Regency Ct Ste 207

City Toledo State OH Zip Code 43623

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

Name of Employer (for Individual) Toledo Radiation Oncology Inc. Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2017
Transaction ID : C3581562

Amount of Each Receipt this Period 500.00

Memo Item

C. Curran, Bruce, H., , MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 593 Eddy St

City Providence State RI Zip Code 02903

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

Name of Employer (for Individual) VCU Medical Center Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3603990

Amount of Each Receipt this Period 250.00

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 11 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Devineni, Venkata, Rao, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 Barnbridge Rd
 City Saint Louis State MO Zip Code 63131-3130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DePaul Health Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : C3649522
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. DeWeese, Theodore, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology 401 N Broadway Ste 1440
 City Baltimore State MD Zip Code 21231-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins School of Medicine Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 24 / 2017**
Transaction ID : C3581576
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dzeda, Michael, F., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Silverside Rd Ste 101
 City Wilmington State DE Zip Code 19809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christianacare Health System Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 15 / 2017**
Transaction ID : C3581569
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Eichler, Thomas, J., , MD, FASTRO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11609 Long Meadow Dr
 City: Glen Allen State: VA Zip Code: 23059-5130
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): CJW Medical Center Occupation (for Individual): Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 24 / 2017
Transaction ID : C3603978
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Ermoian, Ralph, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 NE Pacific St Box 356043
 City: Seattle State: WA Zip Code: 98195-6043
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): University of Washington Medical Cntr Occupation (for Individual): Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 24 / 2017
Transaction ID : C3603982
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Fields, Marc Thomas, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Skyfarm Dr
 City: Santa Rosa State: CA Zip Code: 95403
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Kaiser Permanente Occupation (for Individual): Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 06 / 2017
Transaction ID : C3636373
 Amount of Each Receipt this Period: 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Fontanesi, James, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5860 Snowshoe Cir
 City Bloomfield Hills State MI Zip Code 48301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William Beaumont Hospital Occupation (for Individual) Radiation Oncologist
 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 / 07 / 2017
Transaction ID : C3581203
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Foote, Robert, L., , MD, FASTRO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 First St SW
 City Rochester State MN Zip Code 55905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Radiation Oncologist
 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
 09 / 08 / 2017
Transaction ID : C3603425
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ford, Eric, C., , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology, Box 3
 1959 NE Pacific St
 City Seattle State WA Zip Code 98195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Physicist
 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
 09 / 25 / 2017
Transaction ID : C3603989
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 14 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Gelblum, Daphna, , MD

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

Mailing Address 650 Commack Rd

City Commack	State NY	Zip Code 11725
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Memorial Sloan Kettering Cancer Center	Occupation (for Individual) Radiation Oncologist
---	---

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
12	/	29	/	2017

Transaction ID : C3649640

Amount of Each Receipt this Period
250.00

Memo Item

B. Gerstley, James, K., , MD

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

Mailing Address Advanced Radiation Oncology Servic
111 North Highland Ave.

City Nyack	State NY	Zip Code 10956
---------------	-------------	-------------------

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

Name of Employer (for Individual) Advanced Radiation Oncology Center	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : C3649503

Amount of Each Receipt this Period
500.00

Memo Item

C. Gillin, Michael, T., , PhD, FASTR

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

Mailing Address 1515 Holcombe Blvd Unit 94

City Houston	State TX	Zip Code 77030
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MD Anderson Cancer Center	Occupation (for Individual) Physicist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

Transaction ID : C3617577

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Girvigian, Michael, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4950 Sunset Blvd
 City Los Angeles State CA Zip Code 90027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Medical Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2017
Transaction ID : C3581564
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Goodman, Karyn, A., , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 York Ave
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Sloan Kettering Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2017
Transaction ID : C3603473
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gupta, Vishal, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E. 19th Street #10E Box 1236
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai School of Medicine Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2017
Transaction ID : C3581570
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Gustafson, Gary, S., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44199 Dequindre Rd
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William Beaumont Hospital-Troy Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2017
Transaction ID : C3581197
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Haffty, Bruce, G., , MD, FASTRO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Tallman Lane
 City Somerset State NJ Zip Code 08873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutgers Cancer Institute of New Jersey Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2017
Transaction ID : C3603485
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hahn, Carol, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Longstone Way
 City Raleigh State NC Zip Code 27614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Cancer Center Raleigh Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2017
Transaction ID : C3603995
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Haley, Marsha, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Morgan Ct
 City Mars State PA Zip Code 16046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : C3649645
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hardenbergh, Patricia, Harrigan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 Beard Creek Rd PO Box 2559
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shaw Regional Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 27 / 2017**
Transaction ID : C3603478
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Harris, Eleanor, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12902 Magnolia Dr
 City Tampa State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moffitt Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : C3603432
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Harris, Kendra, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 S Riverside Dr
 City New Smyrna Beach State FL Zip Code 32168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UF Health Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 04 / 2017**
Transaction ID : C3649655
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Harsolia, Asif, R., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Royal Grv
 City Irvine State CA Zip Code 92620-3548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Radiation Oncology Medical Gr Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 23 / 2017**
Transaction ID : C3581572
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hart, Kimberly, Beth, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 William Carls Dr
 City Commerce Township State MI Zip Code 48382-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charach Cancer Treatment Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 08 / 2017**
Transaction ID : C3581558
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Hartsell, William, F., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 N Garland Ct
 Apt 3201
 City Chicago State IL Zip Code 60602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiation Oncology Consultants, Ltd Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2017
Transaction ID : C3569996
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hayes, John Patrick, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 E Superior St
 Galter Pavilion LC-178
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern Medical Faculty Foundatio Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2017
Transaction ID : C3649524
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Heaton, Diane, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2210 Forest Blvd
 City Tulsa State OK Zip Code 74114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiation Oncology Consultants Ltd. Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603977
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 20 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Hetelekidis, Stella, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 Gallows Rd
 Department of Radiation Oncology
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Schar Cancer Institute Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : C3603983
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Howell, Krisha, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6941 N Finger Rock Pl
 City Tucson State AZ Zip Code 85718-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Arizona Cancer Cntr Occupation (for Individual) Radiation Oncologist
 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
 09 / 25 / 2017
Transaction ID : C3603992
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hymel, Ernest, C., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8333 Ninth Ave Ste G
 City Port Arthur State TX Zip Code 77642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Center of Southeast Texas Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : C3636367
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Ibbott, Geoffrey, S., , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Holcombe Blvd
 Unit 94
 City Houston State TX Zip Code 77030-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MD Anderson Cancer Center Occupation (for Individual) Physicist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2017
Transaction ID : C3603429
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jacobson, Geraldine, M., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9234
 Health Sciences Center
 City Morgantown State WV Zip Code 26506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2017
Transaction ID : C3603434
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jin, Ryan, , , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Regency Ct Ste 207
 City Toledo State OH Zip Code 43623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Toledo Radiation Oncology Inc. Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2017
Transaction ID : C3581205
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Jones, Ellen, L., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address North Carolina Cancer Hospital
 Dept. of Radiation Oncology

City Chapel Hill State NC Zip Code 27599

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

Name of Employer (for Individual) University of North Carolina Hospitals Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 25 / 2017**

Transaction ID : C3603988

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address 1165 S Dora St Bldg H

City Ukiah State CA Zip Code 95482

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

Name of Employer (for Individual) Annadel Medical Group Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **09 / 26 / 2017**

Transaction ID : C3603998

Amount of Each Receipt this Period **250.00**

Memo Item

C. Joyner, Melissa, M., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 University Blvd

City Galveston State TX Zip Code 77555-5303

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

Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **09 / 24 / 2017**

Transaction ID : C3603488

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Kanani, Samir, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Pleasant St NW
 City Vienna State VA Zip Code 22180-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiation Medicine Associates Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2017
Transaction ID : C3603436
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kapadia, Nirav, S., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 East Rd
 City Cornish State NH Zip Code 03745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2017
Transaction ID : C3581575
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kielhorn, Eric, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Regency Ct Ste 207
 City Toledo State OH Zip Code 43623-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Toledo Radiation Oncology Inc. Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 23 / 2017
Transaction ID : C3581573
 Amount of Each Receipt this Period 50.00
 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 24 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Kim, Siyong, , , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 San Pablo Rd
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Physicist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 26 / 2017**
Transaction ID : C3569992
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Koneru, Nagendra (Bobby), S., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Raymond PI Unit 4
 City Dubuque State IA Zip Code 52001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paramount Oncology Group Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : C3636372
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Konski, Andre, A., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 E Marshall St
 City West Chester State PA Zip Code 19380-4412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 24 / 2017**
Transaction ID : C3603490
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Krauss, Daniel, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 W Thirteen Mile Rd
 City Royal Oak State MI Zip Code 48009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakland University William Beaumont Sc Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 14 / 2017**
Transaction ID : C3649520
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kreofsky, Cole, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 N 8th St
 City Bismarck State ND Zip Code 58503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bismarck Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : C3649736
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kuettel, Michael, R., , MD, PhD, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Roswell Park Cancer Institute Elm & Carlton Streets
 City Buffalo State NY Zip Code 14263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roswell Park Cancer Institute Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 08 / 2017**
Transaction ID : C3581559
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Kusano, Aaron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1831 N Salem Dr
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anchorage and Valley Radiation Therapy Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 25 / 2017**
Transaction ID : C3604006
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lawrence, Theodore, S., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E Medical Center Dr SPC 5010 UH B2C502
 City Ann Arbor State MI Zip Code 48109-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : C3636368
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lee, Chung, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Delaware St SE MMC 494
 City Minneapolis State MN Zip Code 55455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Minnesota Medical School Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : C3581571
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Lien, Winston, W., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4950 Sunset Blvd Sta 2B
 City Los Angeles State CA Zip Code 90027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Medical Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 13 / 2017
Transaction ID : C3649514
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lillis, Patricia, K., , MD, MHA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Illinois Ave
 City Steven's Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshfield Clinic Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2017
Transaction ID : C3649470
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lovett, Richard, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Allen St
 City Rutland State VT Zip Code 05701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fletcher Allen Health Care Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 23 / 2017
Transaction ID : C3603484
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Luh, Join, Y., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1161 Diamond Dr
 City Arcata State CA Zip Code 95521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph Hospital Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2017
Transaction ID : C3603477
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Lyon, Jacqueline, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Seymour St PO Box 5037
 City Hartford State CT Zip Code 06102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Hospital Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2017
Transaction ID : C3649471
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Maestas, Lisa, P., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rockwood Radiation 12410 E Sinto Ave Ste B
 City Spokane Valley State WA Zip Code 99216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MultiCare Rockwood Radiation Therapy C Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603492
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 29 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Marshall, David, T., , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Ashley Ave
 MSC 318
 City Charleston State SC Zip Code 29425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603976
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martin, Douglas, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8124 Summerhouse Dr E
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2017
Transaction ID : C3581567
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Martinez, Alvaro, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 W Thirteen Mile Rd
 City Royal Oak State MI Zip Code 48073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21st Century Oncology Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2017
Transaction ID : C3636364
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. McGee, James, L., , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 Grand View Drive
 City Peoria Heights State IL Zip Code 61616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF Saint Francis Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **09 / 11 / 2017**
Transaction ID : C3603428
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. McGee, James, L., , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 Grand View Drive
 City Peoria Heights State IL Zip Code 61616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF Saint Francis Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : C3649497
 Amount of Each Receipt this Period 100.00
 Memo Item

c. McGee, Mackenzie, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology 530 NE Glen Oak Ave
 City Peoria State IL Zip Code 61637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF Saint Francis Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : C3636362
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. McLaughlin, Mark, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Kennestone Hospital Blvd Ste L
 City Marietta State GA Zip Code 30060
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) WellStar Health System Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2017
Transaction ID : C3581561
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mehta, Parthiv, , , MD, MBA, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 N Jefferson St 1904
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Rush Copely Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2017
Transaction ID : C3617576
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mirhadi, Amin, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 Beverly Blvd Ste AC-1016
 City West Hollywood State CA Zip Code 90048
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Cedars-Sinai Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2017
Transaction ID : C3636371
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Mohideen, Najeeb, , MD, FASTRO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 284 Stonegate Rd

City Clarendon Hills	State IL	Zip Code 60514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Community Hospital	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

Transaction ID : C3603435

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 10650 Steepletop Dr

City Houston	State TX	Zip Code 77065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Golden Triangle Radiation Oncology	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : C3636355

Amount of Each Receipt this Period
510.00

Memo Item

C. Neal, Charles, R., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1988 S 16th St

City Wilmington	State NC	Zip Code 28401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Coastal Carolina Radiation Oncology	Occupation (for Individual) Radiation Oncologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

Transaction ID : C3649492

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2010.00
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 33 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Neuschatz, Andrew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5331 N Camino Sumo
 City Tucson State AZ Zip Code 85718-5133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arizona Oncology Associates - Tucson Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603491
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Oldenburg, Nicklas, B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Hope St
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthMain Radiation Oncology Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2017
Transaction ID : C3569994
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Omizo, Russ, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 NE Neff Rd
 City Bend State OR Zip Code 97701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Oregon Radiation Oncologist Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 13 / 2017
Transaction ID : C3649512
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Paravati, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 E Dixon Avenue
 City Dayton State OH Zip Code 45419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kettering Health Network Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3604002
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Park, Catherine, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Divisadero St Ste H1031
 City San Francisco State CA Zip Code 94143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, San Francisc Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2017
Transaction ID : C3649531
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Patel, Shilpen, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 753 Harvard Ave E
 City Seattle State WA Zip Code 98102-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grail, Inc Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2017
Transaction ID : C3603997
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Pawlicki, Todd, , , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3855 Health Sciences Dr #0843
 City La Jolla State CA Zip Code 92093-0843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, San Diego Occupation (for Individual) Physicist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2017
Transaction ID : C3603439
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Petit, Joshua, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 E Harmony Rd St 160
 City Fort Collins State CO Zip Code 80528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Poudre Valley H Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2017
Transaction ID : C3603475
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Piephoff, James, V., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 E 5th St
 City Alton State IL Zip Code 62002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF Saint Anthonys Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2017
Transaction ID : C3636361
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Potters, Louis, , MD, FASTRO

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

Mailing Address Hofstra North Shore-LIJ School of
270-05 76th Ave

City New Hyde Park	State NY	Zip Code 11552
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) North Shore-Long Island Jewish Health	Occupation (for Individual) Radiation Oncologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : C3649638

Amount of Each Receipt this Period
500.00

Memo Item

B. Prestidge, Bradley, R., MD, MS

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

Mailing Address 734 Graydon Ave.

City Norfolk	State VA	Zip Code 23507-1621
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bon Secours Oncology Specialists	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

Transaction ID : C3581199

Amount of Each Receipt this Period
1000.00

Memo Item

C. Proper, Michelle, A., MD

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

Mailing Address 2827 Fort Missoula Rd

City Missoula	State MT	Zip Code 59804
------------------	-------------	-------------------

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

Name of Employer (for Individual) Billings Clinic	Occupation (for Individual) Radiation Oncologist
--	---

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
12	/	21	/	2017

Transaction ID : C3649590

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Prosnitz, Robert, G., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Lehigh Valley Hospital-Cedar Crest**
 Dept. of Radiation Oncology

City **Allentown** State **PA** Zip Code **18103**

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

Name of Employer (for Individual) **Allentown Radiation Oncology Associate** Occupation (for Individual) **Radiation Oncologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 13 / 2017**

Transaction ID : C3581566

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address **871 Sandalwood Rd W**

City **Perrysburg** State **OH** Zip Code **43551**

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

Name of Employer (for Individual) **Karmanos Cancer Center** Occupation (for Individual) **Physicist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 24 / 2017**

Transaction ID : C3603489

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address **204 Barclay Blvd**

City **Princeton** State **NJ** Zip Code **08540**

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

Name of Employer (for Individual) **MD Anderson Cancer Center at Cooper** Occupation (for Individual) **Radiation Oncologist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 18 / 2017**

Transaction ID : C3649529

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Roberts, Kenneth, B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Cedar St
 PO Box 208040
 City New Haven State CT Zip Code 06520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale University Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 17 / 2017**
Transaction ID : C3649526
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rosenzweig, Kenneth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology
 One Gustav L. Levy Pl
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School of Medicine at Mount Sina Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : C3603438
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Salner, Andrew, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 Pilgrim Rd
 PO Box 5037
 City West Hartford State CT Zip Code 06117-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Hospital Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 06 / 2017**
Transaction ID : C3649482
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Sandler, Howard, M., , MD, MS, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9477 Rembert Lane
 City Beverly Hills State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars-Sinai Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603980
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Schallenkamp, John, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 Sandalwood Dr
 City Billings State MT Zip Code 59106-9544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 27 / 2017
Transaction ID : C3603476
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Schallenkamp, John, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 Sandalwood Dr
 City Billings State MT Zip Code 59106-9544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 06 / 2017
Transaction ID : C3649488
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 40 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Schiffner, Daniel, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 795 El Camino Real
 City Palo Alto State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603981
 Amount of Each Receipt this Period 101.00
 Memo Item

B. Shen, Xinglei, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Ranbow Blvd Mail Stop 4033
 City Kansas City State KS Zip Code 66160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kansas Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2017
Transaction ID : C3603437
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Shu, Hui-Kuo George, , , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 Clifton Rd NE C-5092
 City Atlanta State GA Zip Code 30322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3603986
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	551.00
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 41 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Siker, Malika, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9200 W Wisconsin Ave
 City Milwaukee State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Affiliate Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2017
Transaction ID : C3603471
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Small, William, , , Jr MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology 2160 S First Ave
 City Maywood State IL Zip Code 60153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3603987
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Smith, Benjamin, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Holcombe Blvd Unit 1202
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MD Anderson Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2017
Transaction ID : C3617582
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Steinmetz, Mark, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 W Clairemont Ave
 City Eau Claire State WI Zip Code 54701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Radiation Oncology Associate Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2017
Transaction ID : C3649516
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Strasser, Jon, F., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Foxdale Rd
 City Wilmington State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Helen F. Graham Cancer Center Occupation (for Individual) Radiation Oncologist
 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
 09 / 26 / 2017
Transaction ID : C3603996
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Suh, John, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9500 Euclid Ave Desk T-28
 City Cleveland State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Radiation Oncologist
 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 / 30 / 2017
Transaction ID : C3581579
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Suh, W. Warren, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 W Pueblo St
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Center of Santa Barbara Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2017
Transaction ID : C3603472
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sullivan, Patsa, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 E 28th St
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abbott Northwestern Hospital Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3603991
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Sundararaman, Srinath, , , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 Johnson St
 City Hollywood State FL Zip Code 33021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Cancer Institute Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2017
Transaction ID : C3649490
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Teckie, Sewit, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130E 77th St
 City New York State NY Zip Code 10075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2017
Transaction ID : C3636374
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thomas, Tarita, O., , MD, PhD, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 E Erie St 3803
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola Medicine Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : C3603427
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Tobin, Robert, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rocky Mountain Oncology Center
 6501 E 2nd St
 City Casper State WY Zip Code 82609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wyoming Oncology Professionals Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2017
Transaction ID : C3636345
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Tralins, Kevin, S., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1229 Brightwaters Blvd NE
 City St. Petersburg State FL Zip Code 33704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bardmoor Cancer Center Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 06 / 2017**
Transaction ID : C3649481
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Tran, Phuoc, T., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 Orleans St CRB2 Rm 406
 City Baltimore State MD Zip Code 21231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Medicine Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 28 / 2017**
Transaction ID : C3603479
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Travaglini, John, J., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 938 13th Ave E
 City Seattle State WA Zip Code 98102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Radiation Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 21 / 2017**
Transaction ID : C3649599
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Verma, Surendra Kumar, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Cancer Center at St. Catherine Hos**
410 E Spruce

City **Garden City** State **KS** Zip Code **67846**

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

Name of Employer (for Individual) **Chalmers Cancer Treatment Center** Occupation (for Individual) **Radiation Oncologist**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 06 / 2017**

Transaction ID : C3649477

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address **Dept. of Radiation Oncology**
111 Colchester Ave

City **Burlington** State **VT** Zip Code **05401**

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

Name of Employer (for Individual) **Fletcher Allen Health Care** Occupation (for Individual) **Radiation Oncologist**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 07 / 2017**

Transaction ID : C3603424

Amount of Each Receipt this Period **250.00**

Memo Item

C. Wang, Fen, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **3901 Rainbow Blvd**

City **Kansas City** State **KS** Zip Code **66160**

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

Name of Employer (for Individual) **University of Kansas School of Medicin** Occupation (for Individual) **Radiation Oncologist**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 19 / 2017**

Transaction ID : C3569995

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wang, Tony, J., , MD			Date of Receipt MM / DD / YYYY 09 / 24 / 2017 Transaction ID : C3603487
Mailing Address Babies North Hospital 622 W 168th St			Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10032	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Columbia University Medical Center		Occupation (for Individual) Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Watson, Michael Roy, , , MD			Date of Receipt MM / DD / YYYY 08 / 24 / 2017 Transaction ID : C3581578
Mailing Address 119 S Alpine Dr			Amount of Each Receipt this Period 1000.00
City York	State PA	Zip Code 17408	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cherry Tree Cancer Center		Occupation (for Individual) Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Weiss, Stephanie, E., , MD			Date of Receipt MM / DD / YYYY 10 / 02 / 2017 Transaction ID : C3617583
Mailing Address 448 Quinobequin Rd Radiation Oncology			Amount of Each Receipt this Period 500.00
City Newton	State MA	Zip Code 02468	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Fox Chase Cancer Center		Occupation (for Individual) Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Wheeler, James, A., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address IU Health Goshen Center for Cancer
 Radiation Oncology

City Goshen	State IN	Zip Code 46526
----------------	-------------	-------------------

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

Name of Employer (for Individual) Indiana University Health Goshen Cente	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 11 / 2017

Transaction ID : C3581563

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 850 Delaware Street

City Shreveport	State LA	Zip Code 71106
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Willis-Knighton Cancer Center	Occupation (for Individual) Radiation Oncologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 23 / 2017

Transaction ID : C3603486

Amount of Each Receipt this Period
 500.00

Memo Item

C. Willis, Norman, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6489 SW Borland Rd

City Tualatin	State OR	Zip Code 97262
------------------	-------------	-------------------

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

Name of Employer (for Individual) Meridian Park Radiation Oncology Cente	Occupation (for Individual) Radiation Oncologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 11 / 09 / 2017

Transaction ID : C3636365

Amount of Each Receipt this Period
 250.00

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 49 OF 67
<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Wilson, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Connecticut Avenue, NW #8
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASTRO Occupation (for Individual) Exexutive Vice-President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603493
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Yu, Yan, , , PhD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S 11th St
 City Philadelphia State PA Zip Code 19107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Physicist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2017
Transaction ID : C3603979
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yue, Ning, J., , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept. of Radiation Oncology 195 Little Albany St
 City New Brunswick State NJ Zip Code 08901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutgers Cancer Institute of New Jersey Occupation (for Individual) Physicist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3603985
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67
	<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Yue, Ning, J., , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept. of Radiation Oncology
 195 Little Albany St

City New Brunswick State NJ Zip Code 08901

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

Name of Employer (for Individual) Rutgers Cancer Institute of New Jersey Occupation (for Individual) Physicist

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
 12 / 05 / 2017

Transaction ID : C3649473

Amount of Each Receipt this Period
 50.00

Memo Item

B. Zietman, Anthony, L., , MD, FASTRO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept. of Radiation Oncology
 100 Blossom St

City Boston State MA Zip Code 02114

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

Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017

Transaction ID : C3603481

Amount of Each Receipt this Period
 1000.00

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).....	1050.00
TOTAL This Period (last page this line number only).....	63511.00

**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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. 21ST CENTURY MAJORITY FUND

Full Name (Last, First, Middle Initial)

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C00361956
Transaction ID : D181264
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Jason Westin for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25365

City Houston State TX Zip Code 77265

Purpose of Disbursement Contribution

Candidate Name Westin, Jason, , Dr.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: TX District: 07

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C00639286
Transaction ID : D181640
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Contribution

Candidate Name Bera, Amerish, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C00461061
Transaction ID : D181902
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial) A. BILIRAKIS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 09 / 2017
Mailing Address PO Box 606		FEC Identification Number C C00408534 Transaction ID : D181634 Amount of Each Disbursement this Period 1000.00
City Tarpon Springs	State FL	Zip Code 34688-0606
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Bilirakis, Gus, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BILL FLORES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017
Mailing Address PO BOX 6207		FEC Identification Number C C00472241 Transaction ID : D181265 Amount of Each Disbursement this Period 1000.00
City BRYAN	State TX	Zip Code 77805
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Flores, Bill, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 17	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. BILL NELSON FOR US SENATE		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 972 W WHITMIRE DRIVE		FEC Identification Number C C00344051 Transaction ID : D181909 Amount of Each Disbursement this Period 1000.00
City MELBOURNE	State FL	Zip Code 32935
Purpose of Disbursement Contribution		Category/ Type
Candidate Name NELSON, BILL, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 00	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. BOB CASEY FOR US SENATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
08 / 27 / 2017

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution
FEC Identification Number: C00431056
Transaction ID: D180482
Amount of Each Disbursement this Period: 1000.00

Candidate Name CASEY, ROBERT P., , JR.
Category/Type

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

State: PA District: 00 Memo Item

B. CASTOR FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
11 / 09 / 2017

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement Contribution
FEC Identification Number: C00410761
Transaction ID: D181635
Amount of Each Disbursement this Period: 1000.00

Candidate Name Castor, Kathy, , Rep.,
Category/Type

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

State: FL District: 14 Memo Item

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
10 / 18 / 2017

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement Contribution
FEC Identification Number: C00390476
Transaction ID: D181269
Amount of Each Disbursement this Period: 1000.00

Candidate Name McMorris Rodgers, Cathy, , Rep.,
Category/Type

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

State: WA District: 05 Memo Item

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial) A. COMMITTEE TO RE-ELECT LINDA SANCHEZ		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 410 1ST ST SE SUITE 310		FEC Identification Number C C00384057 Transaction ID : D180932 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	
Zip Code 20003		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Sanchez, Linda, T., ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 38	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 315 INSPIRATION LANE		FEC Identification Number C C00271312 Transaction ID : D181639 Amount of Each Disbursement this Period 1000.00
City GAITHERSBURG	State MD	
Zip Code 20878		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Velazquez, Nydia, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 07	

Full Name (Last, First, Middle Initial) C. CORY GARDNER FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address 9227 E LINCOLN AVE #200-234		FEC Identification Number C C00492454 Transaction ID : D180936 Amount of Each Disbursement this Period 1000.00
City LONE TREE	State CO	
Zip Code 80124		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Gardner, Cory, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 00	

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

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

3000.00

**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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. DEBBIE DINGELL FOR CONGRESS

Full Name (Last, First, Middle Initial)
DEARBORN

Mailing Address 19855 W. OUTER DR.
STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement Contribution

Candidate Name
Dingell, Debbie, , Rep.,

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

State: MI District: 12

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C00558213
Transaction ID : D181270
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. DIANA DEGETTE FOR CONGRESS

Full Name (Last, First, Middle Initial)
DENVER

Mailing Address PO Box 61337

City DENVER State CO Zip Code 80206-8337

Purpose of Disbursement Contribution

Candidate Name
Degette, Diana, , ,

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

State: CO District: 01

Date of Disbursement: 08 / 17 / 2017

FEC Identification Number: C00311639
Transaction ID : D180481
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. DIRIGO PAC

Full Name (Last, First, Middle Initial)
ALEXANDRIA

Mailing Address PO Box 1355

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2017

FEC Identification Number: C00391797
Transaction ID : D180178
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial) A. Ferrara for Congress		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017	
Mailing Address PO Box 97130		FEC Identification Number C00640268 Transaction ID : D181905 Amount of Each Disbursement this Period 2000.00	
City Phoenix	State AZ	Zip Code 85060-7130	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Ferrara, Steve, , Dr.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ	District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Friends of Jim Clyburn		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017	
Mailing Address 499 South Capitol Street, SW Suite 422		FEC Identification Number C00255562 Transaction ID : D181906 Amount of Each Disbursement this Period 1500.00	
City Washington	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Clyburn, James, , ,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC	District: 06	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FRIENDS OF RAJA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017	
Mailing Address PO BOX 681202		FEC Identification Number C00575092 Transaction ID : D180933 Amount of Each Disbursement this Period 2500.00	
City SCHAUMBURG	State IL	Zip Code 60168	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Krishnamoorthi, Raja, , ,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 08	<input type="checkbox"/> Memo Item	

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

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NAME OF COMMITTEE (In Full)
American Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial) A. Friends of Roy Blunt		Date of Disbursement MM / DD / YYYY 07 / 27 / 2017
Mailing Address PO BOX 410182		FEC Identification Number C00304758 Transaction ID : D180181 Amount of Each Disbursement this Period 1500.00
City KANSAS CITY	State MO	Zip Code 64141
Purpose of Disbursement Contribution		Category/ Type
Candidate Name BLUNT, ROY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Friends of Sherrod Brown		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 328 Massachusetts Ave SE		FEC Identification Number C00264697 Transaction ID : D181268 Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Brown, Sherrod, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. GENE PAC		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017
Mailing Address 256 N Sam Houston Pkwy East Suite 278		FEC Identification Number C00494047 Transaction ID : D181293 Amount of Each Disbursement this Period 2500.00
City Houston	State TX	Zip Code 77060
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement Contribution

Candidate Name
GUTHRIE, S. BRETT, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2017

FEC Identification Number

C C00445023

Transaction ID : D180483

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOE KENNEDY FOR CONGRESS

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459-0014

Purpose of Disbursement Contribution

Candidate Name
Kennedy, Joseph, P., , III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 04

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2017

FEC Identification Number

C C00512970

Transaction ID : D181632

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City MALDEN State MA Zip Code 02148

Purpose of Disbursement Contribution

Candidate Name
Clark, Katherine, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C C00541888

Transaction ID : D180931

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2017

Mailing Address 205 5TH AVENUE S
ROOM 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Contribution

FEC Identification Number

C	C00312017
---	-----------

Transaction ID : D180182

Amount of Each Disbursement this Period

2500.00

Candidate Name

Kind, Ron, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Memo Item

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2017

Mailing Address 205 5TH AVENUE S
ROOM 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Contribution

FEC Identification Number

C	C00312017
---	-----------

Transaction ID : D181903

Amount of Each Disbursement this Period

1000.00

Candidate Name

Kind, Ron, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Memo Item

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2017

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

FEC Identification Number

C	C00445379
---	-----------

Transaction ID : D181907

Amount of Each Disbursement this Period

2500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

6000.00

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

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**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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. MARSHA BLACKBURN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3750

M M M	/	D D D	/	Y Y Y Y Y
10		12		2017

City: Brentwood
State: TN
Zip Code: 37024-3750

FEC Identification Number

Purpose of Disbursement
Contribution

C	C00376939
---	-----------

Candidate Name
BLACKBURN, MARSHA, , Rep.,

Category/
Type

Transaction ID : **D181266**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: TN District: 07

1000.00

Memo Item

B. MCKINLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 642

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

City: MORGANTOWN
State: WV
Zip Code: 26507

FEC Identification Number

Purpose of Disbursement
Contribution

C	C00473132
---	-----------

Candidate Name
McKinley, David, B., Rep.,

Category/
Type

Transaction ID : **D181271**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: WV District: 01

1000.00

Memo Item

C. MIKE KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 476

M M M	/	D D D	/	Y Y Y Y Y
07		17		2017

City: LYNDORA
State: PA
Zip Code: 16045

FEC Identification Number

Purpose of Disbursement
Contribution

C	C00474189
---	-----------

Candidate Name
Kelly, George J. (Mike), , , Jr.

Category/
Type

Transaction ID : **D180183**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: PA District: 03

2500.00

Memo Item

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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 Society for Radiation Oncology PAC ("ASTRO-PAC")

A. Mike Thompson for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 413 New Jersey Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name
Thompson, Mike, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

C C00326363

Transaction ID : D181908

Amount of Each Disbursement this Period

4000.00

Memo Item

B. New Democrat Coalition PAC

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW Ste 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify)
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

C C00409730

Transaction ID : D181910

Amount of Each Disbursement this Period

2500.00

Memo Item

C. NEXT CENTURY FUND

Full Name (Last, First, Middle Initial)

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

FEC Identification Number

C C00343947

Transaction ID : D180938

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511-0640

Purpose of Disbursement Contribution

Candidate Name
PASCRELL, WILLIAM J. JR., , ,

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

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	4		2	0	1	7		

FEC Identification Number

C C00313510

Transaction ID : D180485

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement Contribution

Candidate Name
Portman, Rob, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	7		2	0	1	7		

FEC Identification Number

C C00458463

Transaction ID : D180184

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. YARMUTH FOR CONGRESS

Mailing Address 1815 BROWNSBORO ROAD

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement Contribution

Candidate Name
Yarmuth, John, , Rep.,

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

State: KY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	2		2	0	1	7		

FEC Identification Number

C C00419630

Transaction ID : D181633

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement Contribution

Candidate Name Schrader, Kurt, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OR District: 05

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2017

FEC Identification Number

C C00446906

Transaction ID : D180484

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement Contribution

Candidate Name Tonko, Paul, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 20

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2017

FEC Identification Number

C C00450049

Transaction ID : D181267

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RODNEY DAVIS FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement Contribution

Candidate Name Davis, Rodney, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 13

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2017

FEC Identification Number

C C00521948

Transaction ID : D181636

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City
LONG BEACH

State
CA

Zip Code
90802

Purpose of Disbursement
Contribution

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2017			

FEC Identification Number

C C00498873

Transaction ID : D181637

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSKAM PAC (REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY PAC)

Mailing Address P. O. BOX 1011

City
WHEATON

State
IL

Zip Code
60187

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2017			

FEC Identification Number

C C00451294

Transaction ID : D180185

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City
LAS VEGAS

State
NV

Zip Code
89137

Purpose of Disbursement
Contribution

Candidate Name

Heller, Dean, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2017			

FEC Identification Number

C C00494229

Transaction ID : D180937

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. UDALL FOR US ALL

Mailing Address PO BOX 25766

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement Contribution

Candidate Name Udall, Tom, , Sen.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NM District: 00

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2017

FEC Identification Number

C C00329896

Transaction ID : D180187

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740-3157

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2017

FEC Identification Number

C C00410308

Transaction ID : D180186

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740-3157

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number

C C00410308

Transaction ID : D180939

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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 Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City
BLACKFOOT

State
ID

Zip Code
83221

Purpose of Disbursement
Contribution

Candidate Name

Simpson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C C00331397

Transaction ID : D180934

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
Contribution

Candidate Name

Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 00

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2017

FEC Identification Number

C C00326801

Transaction ID : D180180

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City
COLUMBUS

State
OH

Zip Code
43231

Purpose of Disbursement
Contribution

Candidate Name

TIBERI, PATRICK J., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number

C C00347492

Transaction ID : D180940

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society for Radiation Oncology PAC ("ASTRO-PAC")

Full Name (Last, First, Middle Initial)

A. VALADAO FOR CONGRESS

Mailing Address 5132 N PALM AVE #227

City FRESNO State CA Zip Code 93704

Purpose of Disbursement Contribution

Candidate Name

Valadao, David, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 21

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C C00499392

Transaction ID : D180935

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement Contribution

Candidate Name

SHIMKUS, JOHN M, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 15

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2017

FEC Identification Number

C C00258855

Transaction ID : D181638

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name

WYDEN, RONALD LEE, , ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: OR District: 00

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C C00308676

Transaction ID : D181904

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

80000.00