

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 / 75                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
DR Robert Scheible

Mailing Address 759 N Hanley Rd

City State Zip Code  
Saint Louis MO 63130-2827

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

Name of Employer Midwest Radiological Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID:** 19872134

Amount of Each Receipt this Period  
325.00

**B.** Full Name (Last, First, Middle Initial)  
DR Steven Solomon

Mailing Address 17609 Ailanthus Drive

City State Zip Code  
Chesterfield MO 63005-4284

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID:** 19872135

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Christopher Thornton

Mailing Address 308 Townsend St

City State Zip Code  
Saint Louis MO 63141-8334

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID:** 19872136

Amount of Each Receipt this Period  
500.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1325.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |