

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Radiology Association Political Action Committee

ADDRESS (number and street) 1891 Preston White Drive
 Check if different than previously reported. (ACC)
Reston VA 20191

2. **FEC IDENTIFICATION NUMBER** C00343459
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 01 2009 through 04 30 2009

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

Type or Print Name of Treasurer DR William Herrington

Signature of Treasurer Electronically Filed by DR William Herrington Date 10 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Radiology Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		336659.40
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	433830.64									
(c) Total Receipts (from Line 19)	88706.13	384610.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	522536.77	721270.11								
7. Total Disbursements (from Line 31)	82599.29	281332.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439937.48	439937.48								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American College of Radiology Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	77003.62	319043.75
(ii) Unitemized	11632.48	62519.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	88636.10	381563.09
(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)	88636.10	381563.09
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	70.03	547.62
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 Transfer (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))	88706.13	384610.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	88706.13	384610.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	1950.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1950.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	271000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	2810.00	3476.66
(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))	2810.00	3476.66
29. Other Disbursements.....	1289.29	4905.97
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	82599.29	281332.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82599.29	281332.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	88636.10	381563.09
34. Total Contribution Refunds (from Line 28(d))	2810.00	3476.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85826.10	378086.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1950.00
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	1950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Venkata Devineni		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	9													
Mailing Address De Paul Cancer Care 12303 De Paul Dr		Transaction ID: 29329410																				
City State Zip Code St Louis MO 63044-2588	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer Self-Employed Occupation Radiation Oncologist	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

B.

Full Name (Last, First, Middle Initial) Dr. Shannon Norris		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	9													
Mailing Address 7855 Fawndale Way		Transaction ID: 29329411																				
City State Zip Code Atlanta GA 30350-1062	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

C.

Full Name (Last, First, Middle Initial) Dr. Jeffrey Goree		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	6		2	0	0	9													
Mailing Address 2320 Cromwell Cir		Transaction ID: 29355751																				
City State Zip Code Davenport IA 52807-2833	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>600.00</td></tr> </table>		600.00																			
600.00																						
FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer Radiology Group, P.C. Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>600.00</td></tr> </table>		600.00																			
600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>2600.00</td></tr></table>	2600.00
2600.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 89

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Geoffrey Smith

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City Casper State WY Zip Code 82601-2951

FEC ID number of contributing federal political committee. C

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 29355752

Amount of Each Receipt this Period 1200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas Cunningham, III

Mailing Address 419 S Washington St

City Casper State WY Zip Code 82601-2951

FEC ID number of contributing federal political committee. C

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 29355753

Amount of Each Receipt this Period 480.00

C.

Full Name (Last, First, Middle Initial)
Dr. Daniel Sulser

Mailing Address 5280 Squaw Creek Rd

City Casper State WY Zip Code 82604-4257

FEC ID number of contributing federal political committee. C

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 29355754

Amount of Each Receipt this Period 480.00

SUBTOTAL of Receipts This Page (optional) 2160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul Peters

Mailing Address 3850 E 14 Apt U

City Casper State WY Zip Code 82609-3100

FEC ID number of contributing federal political committee. C

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 29355755

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Sloan

Mailing Address PO Box 1646

City Cheyenne State WY Zip Code 82003-1646

FEC ID number of contributing federal political committee. C

Name of Employer Cheyenne Radiology and MR-I, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 29355756

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patrick Cherry

Mailing Address 1251 Settlers Ridge Rd

City Athens State GA Zip Code 30606-7653

FEC ID number of contributing federal political committee. C

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2009

Transaction ID: 29359673

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Traci Yanke

Mailing Address 11965 E Calle De Valle

City State Zip Code
Scottsdale AZ 85255-6905

FEC ID number of contributing federal political committee. C

Name of Employer A.M.I. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 29359674

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Denise Farleigh

Mailing Address 2140 Atwood Dr

City State Zip Code
Anchorage AK 99517-1335

FEC ID number of contributing federal political committee. C

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 29359675

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Cathleen Woomert

Mailing Address 81 Maple Ridge Rd

City State Zip Code
Millville PA 17846-8933

FEC ID number of contributing federal political committee. C

Name of Employer Geisinger Clinic Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 29359676

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Steven Oglevie		Date of Receipt MM / DD / YYYY 04 / 14 / 2009		
	Mailing Address 2515 Vista Drive		Transaction ID: 29494605		
	City Newport Beach	State CA	Zip Code 92663-5631	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

B.	Full Name (Last, First, Middle Initial) Dr. Wallace Peck		Date of Receipt MM / DD / YYYY 04 / 14 / 2009		
	Mailing Address 31 Mahogany Dr		Transaction ID: 29494606		
	City Irvine	State CA	Zip Code 92620-1232	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) Dr. Michael Roossin		Date of Receipt MM / DD / YYYY 04 / 14 / 2009		
	Mailing Address 9 Sea Shell		Transaction ID: 29494788		
	City Newport Coast	State CA	Zip Code 92657-1705	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Harbor Radiology Assoc.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

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: PAGE 11 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Thuan Tran		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 27482 Paseo Arco Clave		Transaction ID: 29494789
City San Juan Capistran	State CA	Zip Code 92675-1896
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newport Harbor Radiology Associates Me	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. William Van Dalsem		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 471 N Old Newport Blvd Ste 302		Transaction ID: 29494790
City Newport Beach	State CA	Zip Code 92663-4244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newport Harbor Rad Assoc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Winston Whitney		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 113 Laurent		Transaction ID: 29494791
City Newport Beach	State CA	Zip Code 92660-8304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newport Radiology Associa-tes	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 12 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Peter Giuliano

Mailing Address 27 Amargosa

City Irvine State CA Zip Code 92602-2455

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

Name of Employer Newport Harbor Radiology Associates Me Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2009
Transaction ID: 29494796
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Luke Cheung

Mailing Address 36 Plumeria

City Irvine State CA Zip Code 92620-1999

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

Name of Employer Newport Harbor Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2009
Transaction ID: 29494797
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicolas von dem Bussche

Mailing Address 18662 Via Torino

City Irvine State CA Zip Code 92603-3438

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

Name of Employer Newport Harbor Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2009
Transaction ID: 29494801
 Amount of Each Receipt this Period 250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Diana F. Shaplin

Mailing Address 910 Kimmswick Manor Lane

City State Zip Code
Ballwin MO 63011-5115

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

Name of Employer Occupation
Self-Employed Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: 29495223

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Dr. Roger Ivey

Mailing Address North Kansas City Mem Hosp
2800 Clay Edwards Dr

City State Zip Code
North Kansas City MO 64116-3220

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

Name of Employer Occupation
Northland Radiology Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: 29495224

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. H Jay Zeskind

Mailing Address 4870 Park Hill Dr

City State Zip Code
West Bloomfield MI 48323-3574

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

Name of Employer Occupation
Diagnostic Radiology Consultants, PC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: 29495324

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **5900.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 14 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code
New York NY 10023-4132

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496078

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496079

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496080

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496081

Amount of Each Receipt this Period
38.46

B.

Full Name (Last, First, Middle Initial)
Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City State Zip Code
Englewood NJ 07631-3081

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496083

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496084

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496085

Amount of Each Receipt this Period
38.46

B.

Full Name (Last, First, Middle Initial)
Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496086

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496087

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John DeMeritt	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 18 Baldwin Rd	Transaction ID: 29496089
	City State Zip Code Saddle River NJ 07458-3203	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

B.	Full Name (Last, First, Middle Initial) Dr. Mitchell Miller	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 2 Constitution Ct Apt 1009	Transaction ID: 29496090
	City State Zip Code Hoboken NJ 07030-6730	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

C.	Full Name (Last, First, Middle Initial) Dr. Sean D. Pierce	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 509 48th Ave Apt 2A	Transaction ID: 29496091
	City State Zip Code Long Island City NY 11101-5604	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional)	▶	115.38
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 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. George Joseph Ferrone	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 440 E 62nd St Apt 18F	Transaction ID: 29496092
	City State Zip Code New York NY 10065-8345	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

B.	Full Name (Last, First, Middle Initial) Dr. Hiten Magan Malde	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 7 Kinkaid Ave	Transaction ID: 29496093
	City State Zip Code Closter NJ 07624-2908	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

C.	Full Name (Last, First, Middle Initial) Dr. Janet Storella	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 6515 Fallwind Ln	Transaction ID: 29496104
	City State Zip Code Bethesda MD 20817-4941	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Drs Grover, Christie & Merritt Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	116.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Shortsleeve

Mailing Address 4 Granville Rd

City Lincoln State MA Zip Code 01773-3106

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496106
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Philip Rogoff

Mailing Address 58 Rogers Rd

City Carlisle State MA Zip Code 01741-1865

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496107
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles Langston

Mailing Address Mt Auburn Hospital
330 Mt Auburn St

City Cambridge State MA Zip Code 02138-5597

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496108
 Amount of Each Receipt this Period: 500.00

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: PAGE 20 / 89

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Paul Dratch

Mailing Address Mt Auburn Hospital
330 Mt Auburn St

City State Zip Code
Cambridge MA 02138-5597

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

Name of Employer Occupation
Schatzki Associates, Inc. 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 Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496109

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Madeline Crivello

Mailing Address 51 Morse Rd

City State Zip Code
Newtonville MA 02460-2454

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

Name of Employer Occupation
Schatzki Associates, Inc. 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 Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496110

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ralph Reichle

Mailing Address 259 Independence Rd

City State Zip Code
Concord MA 01742-2655

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

Name of Employer Occupation
Schatzki Associates, Inc. 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 Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496111

Amount of Each Receipt this Period
500.00

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: PAGE 21 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jaques Pierre Sasson

Mailing Address 228 Wolcott Rd

City State Zip Code
Chestnut Hill MA 02467-3170

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496112

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Hyewon Hyun

Mailing Address Mount Auburn Hospital
330 Mount Auburn St

City State Zip Code
Cambridge MA 02138-5502

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496113

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Siew Teoh

Mailing Address 196 E Emerson Rd

City State Zip Code
Lexington MA 02420-2134

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29496114

Amount of Each Receipt this Period
500.00

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: PAGE 22 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Edward B. Marianacci

Mailing Address 177 Walnut St

City State Zip Code
Newton MA 02460-1601

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496115
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Alejandro Heffess

Mailing Address 75 Centre Street

City State Zip Code
Brookline MA 02446-2833

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496116
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. George Cushing, JR

Mailing Address 396th Combat Support Hospital
991 McClelland Rd

City State Zip Code
Vancouver WA 98661-3815

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 29496117
Amount of Each Receipt this Period: 500.00

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: PAGE 23 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeremy Schiller

Mailing Address 27 Orchard St

City State Zip Code
Salem MA 01970-2511

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

Name of Employer Occupation
Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496118

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence Liebscher

Mailing Address 2615 W 4th St

City State Zip Code
Waterloo IA 50701-4050

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

Name of Employer Occupation
Cedar Valley Medical Specialists, PC Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496142

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Darrin Johnson

Mailing Address 1701 Drake Ave

City State Zip Code
Huntsville AL 35802-1042

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

Name of Employer Occupation
Radiology of Huntsville Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29496163

Amount of Each Receipt this Period
250.00

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: PAGE 24 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 29496208
City Birmingham	State AL	Zip Code 35216-2152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rad Assoc of Birmingham PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 2466 Oak Bend Pl		Transaction ID: 29496212
City Newburgh	State IN	Zip Code 47630-8053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 6612 Cliffbrook Dr		Transaction ID: 29496214
City Dallas	State TX	Zip Code 75254-8613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.34
Name of Employer Southwest Imaging & Inter-ven specialis	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

SUBTOTAL of Receipts This Page (optional)	▶	368.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City Birmingham State AL Zip Code 35242-0525

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

Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 15 / 2009

Transaction ID: 29496218

Amount of Each Receipt this Period 83.34

B.

Full Name (Last, First, Middle Initial)
Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane Unit 55

City Yuma State AZ Zip Code 85364-6284

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

Name of Employer MDIG Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 29496220

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City Charlotte State NC Zip Code 28277-2593

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 29496225

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 250.34

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. William Baber

Mailing Address 7 Cricklewood Pl

City State Zip Code
Saint Louis MO 63131-3311

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499148

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jamie Colonnello

Mailing Address 6343 Alexander Dr

City State Zip Code
Saint Louis MO 63105-2222

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499149

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Dr. Douglas Curry

Mailing Address 9815 Log Cabin Ct

City State Zip Code
Saint Louis MO 63124-1133

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499150

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gene Davis, JR

Mailing Address 25 Chesterfield Lakes Rd

City State Zip Code
Chesterfield MO 63005-4513

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499151

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr. David Diemer

Mailing Address 2618 Wickerton Ct

City State Zip Code
Saint Louis MO 63122-3351

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499154

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Engels

Mailing Address 40 Midpark Ln

City State Zip Code
Saint Louis MO 63124-1557

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499155

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Dale Fletcher

Mailing Address 239 Whiting Lane

City State Zip Code
Chesterfield MO 63005-6919

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499156

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Geoffrey Hamill

Mailing Address 425 W Jackson Rd

City State Zip Code
Webster Groves MO 63119-3643

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

Name of Employer Midwest Radiological Associate
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499157

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sean Higginson

Mailing Address 5554 Waterman Blvd Apt 3E

City State Zip Code
Saint Louis MO 63112-1836

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

Name of Employer Midwest Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499158

Amount of Each Receipt this Period
1000.00

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: PAGE 29 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Walter Holloman

Mailing Address 65 Meadowbrook Country Club Est

City State Zip Code
Ballwin MO 63011-1697

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499254

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Amy Mosher

Mailing Address 333 Townsend St

City State Zip Code
Saint Louis MO 63141-8332

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499255

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Niemeyer

Mailing Address 1652 Mason Knoll Rd

City State Zip Code
Saint Louis MO 63131-1219

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499257

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 89

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Lisa Oakley		Date of Receipt MM / DD / YYYY 04 / 16 / 2009		
	Mailing Address 8101 Stratford Dr		Transaction ID: 29499258		
	City Saint Louis	State MO	Zip Code 63105-3707	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer Midwest Radiological Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Linda Proctor		Date of Receipt MM / DD / YYYY 04 / 16 / 2009		
	Mailing Address 346 N Meramec Ave		Transaction ID: 29499259		
	City Clayton	State MO	Zip Code 63105-3719	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
Name of Employer Midwest Radiological Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Floyd Scales		Date of Receipt MM / DD / YYYY 04 / 16 / 2009		
	Mailing Address 12580 Durbin Dr		Transaction ID: 29499268		
	City Saint Louis	State MO	Zip Code 63141-8814	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Midwest Radiologists Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 89
(check only one)

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

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

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499269

Amount of Each Receipt this Period
250.00

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499270

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
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29499271

Amount of Each Receipt this Period
500.00

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 32 / 89
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. David Niebruegge		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 9		
	Mailing Address 920 Sarala Rd		Transaction ID: 29505474		
	City Des Peres	State MO	Zip Code 63131-2012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. John Booker, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9		
	Mailing Address PO Box 308		Transaction ID: 29653143		
	City Hickory	State NC	Zip Code 28603-0308	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Catawba Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 290.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Steven Harlan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9		
	Mailing Address PO Box 308		Transaction ID: 29653144		
	City Hickory	State NC	Zip Code 28603-0308	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 290.91		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Nicholas Frankel

Mailing Address PO Box 9470

City State Zip Code
Hickory NC 28603-9470

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

Name of Employer: Catawba Radiological Associates, Inc. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.91

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29653145
 Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
Dr. John Bools

Mailing Address Catawba Radiological Assoc
18 13th Ave NE

City State Zip Code
Hickory NC 28601-3748

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

Name of Employer: Catawba Radiological Associates, Inc. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.91

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29653146
 Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City State Zip Code
Hickory NC 28601-9016

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

Name of Employer: Catawba Radiological Associates, Inc. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.91

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29653147
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Alan Massengill		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Catawba Radiological Assoc PO Box 308		Transaction ID: 29653149
City Hickory	State NC	Zip Code 28603-0308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.91	

B.

Full Name (Last, First, Middle Initial) Dr. Michael Jacobs		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 3818 11th Street PI NE		Transaction ID: 29653150
City Hickory	State NC	Zip Code 28601-8420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.91	

C.

Full Name (Last, First, Middle Initial) Dr. Michael Seshul, SR		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 1009 13th Avenue PI NW		Transaction ID: 29653151
City Hickory	State NC	Zip Code 28601-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.91	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Rautiola

Mailing Address PO Box 308

City State Zip Code
Hickory NC 28603-0308

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

Name of Employer
Catawba Radiological Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.91

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653152

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City State Zip Code
Hickory NC 28601-7318

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

Name of Employer
Catawba Radiological Associates

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.91

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653153

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard Curtis

Mailing Address 147 Winwood Cir

City State Zip Code
Granite Falls NC 28630-9558

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

Name of Employer
Catawba Radiological Assoc.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.91

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653164

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bruce J. Thaler

Mailing Address 110 S Front St Ste 800

City Philadelphia State PA Zip Code 19106-3000

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653166

Amount of Each Receipt this Period 120.00

B.

Full Name (Last, First, Middle Initial)
Dr. James Husted

Mailing Address Crozier-Chester Med Ctr
1 Medical Center Blvd

City Chester State PA Zip Code 19013-3902

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653167

Amount of Each Receipt this Period 120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Damon Soeiro

Mailing Address 102 S Swarthmore Ave

City Swarthmore State PA Zip Code 19081-1603

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653168

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Lorna Blum

Mailing Address 303 Cynwyd Rd

City State Zip Code
Bala Cynwyd PA 19004-2635

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653169

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Stock

Mailing Address 115 Plush Mill Road

City State Zip Code
Wallingford PA 19086-6018

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653170

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City State Zip Code
Wallingford PA 19086-6208

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653171

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 89
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City State Zip Code
Rose Valley PA 19086-6216

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653172

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Hiehle, JR

Mailing Address Crozer-Chester Medical Center
1 Medical Center Blvd

City State Zip Code
Chester PA 19013-3995

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653173

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Chad Brecher

Mailing Address 235 S Wayne Ave

City State Zip Code
Wayne PA 19087-4820

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

Name of Employer Beth Israel Deaconess Med Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653175

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 89
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jay Kleinman

Mailing Address 2130 Greenbrier Dr

City Villanova State PA Zip Code 19085-1708

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653176

Amount of Each Receipt this Period 120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Gordon

Mailing Address 521 Winding Way

City Merion Station State PA Zip Code 19066-1118

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653177

Amount of Each Receipt this Period 120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City Media State PA Zip Code 19063-6319

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

Name of Employer Crozer-Chester Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653178

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Amr El Jack

Mailing Address 2223 E Deerfield Drive

City State Zip Code
Media PA 19063-1833

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653179

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City State Zip Code
Media PA 19063-4518

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

Name of Employer Occupation
Southeast Radiology Ltd. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653180

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City State Zip Code
Newtown Square PA 19073-3047

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

Name of Employer Occupation
TJ Univ Hospital 1092 Main Bld Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653181

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 89
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. K. Ramprasad

Mailing Address 116 Harwicke Road

City State Zip Code
Springfield PA 19064-2410

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653182

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City State Zip Code
Newtown Square PA 19073-3020

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653183

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City State Zip Code
Wilmington DE 19808-1370

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653184

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 89

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Irene Woo

Mailing Address 6 Greystone Cir

City State Zip Code
Newtown Square PA 19073-4422

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

Name of Employer Occupation
Southeast Radiology, Ltd. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653185

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lance Becker

Mailing Address 1405 Wesleys Run

City State Zip Code
Gladwyne PA 19035-1049

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

Name of Employer Occupation
Southeast Radiology, Ltd. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653186

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City State Zip Code
Chadds Ford PA 19317-8925

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

Name of Employer Occupation
Mercy Catholic Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653187

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Adam Robert Fisher

Mailing Address 2035 Grantham Rd

City State Zip Code
Berwyn PA 19312-2119

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653188

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City State Zip Code
Newtown Square PA 19073-3953

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653189

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City State Zip Code
Media PA 19063-2051

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

Name of Employer Crozer Chester Med Ctr Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653190

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Patricia Saluk

Mailing Address 916 Winding Way

City State Zip Code
Media PA 19063-1656

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653191

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. C Amy Wilson

Mailing Address 146 W Tulpehocken St

City State Zip Code
Philadelphia PA 19144-2620

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653192

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Justin Blum

Mailing Address 11 Kershaw Road

City State Zip Code
Wallingford PA 19086-6203

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653193

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jonathan P. Coyle

Mailing Address 8707 Sahalee Drive

City Anchorage State AK Zip Code 99507-4392

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653362

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Erik Maurer

Mailing Address 9141 Basher Dr

City Anchorage State AK Zip Code 99507-1290

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653363

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anton Hasso

Mailing Address Univ of CA-Irvine Med Ctr
101 The City Dr S Bldg 20 Rt 140

City Orange State CA Zip Code 92868-3201

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

Name of Employer Univ of CA-Irvine Med Ctr Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29653366

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **2365.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Jay Lichman

Mailing Address 610 Kings Rd

City State Zip Code
Newport Beach CA 92663-5712

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

Name of Employer Newport Harbor Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653371

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Janice W. Brooks

Mailing Address 3191 S. Sky Ranch Loop

City State Zip Code
Palmer AK 99645-9006

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

Name of Employer Alaska Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653394

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marc Johnson

Mailing Address Anderson Hospital
6800 State Route 162

City State Zip Code
Maryville IL 62062-8500

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

Name of Employer Evansville Radiology, P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653395

Amount of Each Receipt this Period
500.00

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: PAGE 47 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Ryan Meyer

Mailing Address 2100 Long Cove Cir

City State Zip Code
Newburgh IN 47630-8412

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

Name of Employer Occupation
Evansville Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653396

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Reynaldo N. Gonzales

Mailing Address 611 Harriet St.
Suite 201

City State Zip Code
Evansville IN 47710-1781

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

Name of Employer Occupation
Evansville Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653397

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel Whitehead

Mailing Address Evansville Radiology PC
611 Harriet St Ste 201

City State Zip Code
Evansville IN 47710-1781

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

Name of Employer Occupation
Evansville Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29653416

Amount of Each Receipt this Period
500.00

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: PAGE 48 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Lee Hoagland

Mailing Address 6488 Pebble Pointe Ct

City State Zip Code
Newburgh IN 47630-9818

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

Name of Employer
Evansville Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653417

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alfred Shaplin

Mailing Address 910 Kimswick Manor Lane

City State Zip Code
Ballwin MO 63011-5115

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

Name of Employer
Scott Radiological Group, Inc.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653434

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael Bartlett

Mailing Address 2001 Norwood Dr

City State Zip Code
Midland MI 48640-6753

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

Name of Employer
Midland Radiology Associates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29653436

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **5865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr. Steven Dunnagan

Mailing Address 150 Hickory Creek Cir

City State Zip Code
Little Rock AR 72212-2511

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

Name of Employer: Radiology Associates, P.A. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29660991
Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edgar Colon, M.D.

Mailing Address Montehiedra 247 Reina Mora

City State Zip Code
San Juan PR 00926

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

Name of Employer: University of Puerto Rico School of Me Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29660992
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Roma Gumbs

Mailing Address 13716 N Gate Dr

City State Zip Code
Silver Spring MD 20906-2212

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

Name of Employer: Howard University Hospital Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: 29660993
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1165.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Christopher Kottra

Mailing Address 6552 Cimarron Cir

City Anchorage State AK Zip Code 99504-3943

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29660994

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Chakri Inampudi

Mailing Address 6125 Prominence Pointe Dr

City Anchorage State AK Zip Code 99516-5421

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29660995

Amount of Each Receipt this Period 3000.00

C.

Full Name (Last, First, Middle Initial)
Dr. W Bryan Winn

Mailing Address 3401 Southbluff Cir

City Anchorage State AK Zip Code 99515-2733

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29661041

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ▶ **4750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Norman Thomson, III		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Radiology Assoc of Savannah PC 105 Wheeler Ct Ste 203		Transaction ID: 29661043
City Savannah	State GA	Zip Code 31405-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology Assoc of Savannah	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Labib Haddad		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 4 Ramsgate Dr		Transaction ID: 29661044
City Olivette	State MO	Zip Code 63132-4116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Debra Rosenthal		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 6339 Pershing Ave		Transaction ID: 29661045
City Saint Louis	State MO	Zip Code 63130-4704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 52 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Gundersen/Lutheran Medical Center 1900 South Ave C02-002		Transaction ID: 29661046
City La Crosse	State WI	Zip Code 54601-5467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.

Full Name (Last, First, Middle Initial) Dr. Joel Rakow		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 505 Ivy Lane		Transaction ID: 29669295
City Wyckoff	State NJ	Zip Code 07481-1072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

C.

Full Name (Last, First, Middle Initial) Dr. Patrick Toth		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 201 E 80th St Apt 8F		Transaction ID: 29669296
City New York	State NY	Zip Code 10021-0515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

SUBTOTAL of Receipts This Page (optional)	▶	160.26
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 53 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669297

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669298

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669299

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 54 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code
New York NY 10023-4132

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669302

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669303

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669304

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669305

Amount of Each Receipt this Period
38.46

B.

Full Name (Last, First, Middle Initial)
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669306

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29669307

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City Englewood State NJ Zip Code 07631-3081

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 04 / 24 / 2009
Transaction ID: 29669309
 Amount of Each Receipt this Period: 38.46

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 04 / 24 / 2009
Transaction ID: 29669310
 Amount of Each Receipt this Period: 38.46

C.

Full Name (Last, First, Middle Initial)
Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 04 / 24 / 2009
Transaction ID: 29669311
 Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 89
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Joel Budin		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 140 Chestnut St		Transaction ID: 29669320
City Englewood	State NJ	Zip Code 07631-3033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.03
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.56	

B.

Full Name (Last, First, Middle Initial) Dr. James Bognanno		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 1774 Hourglass Dr		Transaction ID: 29669321
City Carmel	State IN	Zip Code 46032-7299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Scott Childress		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 7340 Shadeland Station Ste 200		Transaction ID: 29669322
City Indianapolis	State IN	Zip Code 46256-3980
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	516.03
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bryan Hankins

Mailing Address 8452 Sunningdale Blvd

City State Zip Code
Indianapolis IN 46234-1784

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

Name of Employer Occupation
Irvington Radiologists, P.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669323

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Todd Harris

Mailing Address 5880 Sunset Ln

City State Zip Code
Indianapolis IN 46228-1450

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

Name of Employer Occupation
Irvington Radiologists, P.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669324

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Susan Ivancevich

Mailing Address 365 East 75th Street

City State Zip Code
Indianapolis IN 46240-2845

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

Name of Employer Occupation
Irvington Radiologists, P.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669325

Amount of Each Receipt this Period
250.00

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: PAGE 59 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kenyon K. Kopecky

Mailing Address 650 Sugarbush Dr

City State Zip Code
Zionsville IN 46077-1907

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

Name of Employer Occupation
Irvington Radiologists, PC Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669326

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jean Kraft

Mailing Address 5187 Sue Dr

City State Zip Code
Carmel IN 46033-8669

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

Name of Employer Occupation
Irvington Radiologists, P.C. Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669327

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Kurlander

Mailing Address 12511 Glendurgan Dr

City State Zip Code
Carmel IN 46032-8314

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

Name of Employer Occupation
Irvington Radiologists, P.C. Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669328

Amount of Each Receipt this Period
250.00

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 60 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Catherine Kurowski	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 528 E 56th St	Transaction ID: 29669329
	City Indianapolis State IN Zip Code 46220-3067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Dale McCarter	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 7150 N Pennsylvania St	Transaction ID: 29669330
	City Indianapolis State IN Zip Code 46240-3036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Irvington Radiologist Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gordon McLaughlin, III	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 8440 Coral Reef Ct	Transaction ID: 29669331
	City Indianapolis State IN Zip Code 46256-9505	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Irvington Radiologists, P.C. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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: PAGE 61 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Dennis Myers

Mailing Address 4412 W Easy St

City State Zip Code
New Palestine IN 46163-8638

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

Name of Employer Medical College of Ohio Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669332

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce Richmond

Mailing Address 8106 Halyard Way

City State Zip Code
Indianapolis IN 46236-9567

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

Name of Employer Irvington Radiologists, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669333

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Scott Savader

Mailing Address Irvington Radiologists PC
7340 Shadeland Station Ste 200

City State Zip Code
Indianapolis IN 46256-3980

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

Name of Employer Irvington Radiologists, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 29669334

Amount of Each Receipt this Period
250.00

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 62 / 89
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Paul Smart	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address PO Box 150850	Transaction ID: 29669335
	City State Zip Code Cape Coral FL 33915-0850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stephan Stockberger, JR	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 8352 Skipjack Dr	Transaction ID: 29669336
	City State Zip Code Indianapolis IN 46236-9582	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Swack	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 9703 Hunt Club Rd	Transaction ID: 29669337
	City State Zip Code Zionsville IN 46077-8454	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 63 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Perry Wethington	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 12060 Landover Lane	Transaction ID: 29669338
	City State Zip Code Fishers IN 46038-9548	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Irvington Radiologists, P.C. Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Joseph Yedlicka	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 9034 Bay Breeze Ct	Transaction ID: 29669339
	City State Zip Code Indianapolis IN 46236-9170	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Irvington Radiologists, P.C. Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. R Terrell Frey	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 8700 Deep Run Ln	Transaction ID: 29674352
	City State Zip Code Cincinnati OH 45243-1164	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical X-Ray, Inc. Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 64 / 89
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Francis Flaherty		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 113 North St		Transaction ID: 29674353		
	City Ridgefield	State CT	Zip Code 06877-2510	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 450.00		

B.	Full Name (Last, First, Middle Initial) Dr. Stuart Roberts		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 137 Nursery Rd		Transaction ID: 29674354		
	City Ridgefield	State CT	Zip Code 06877-3402	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Bradford Bottger		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 10 Farview Farm Rd		Transaction ID: 29674355		
	City Redding	State CT	Zip Code 06896-3304	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		

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: PAGE 65 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Stuart Sherman

Mailing Address 33 Sunnyview Dr

City State Zip Code
West Redding CT 06896-1720

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29674356

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory Lawler

Mailing Address Danbury Radiological Associates
24 Hospital Ave

City State Zip Code
Danbury CT 06810-6099

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29674511

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kirt Frederickson

Mailing Address 63 Fire Hill Road

City State Zip Code
Redding CT 06896-1005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29674513

Amount of Each Receipt this Period
250.00

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: PAGE 66 / 89
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Barbara Blanco		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 8 Pheasant Ridge Rd		Transaction ID: 29674515		
	City Newtown	State CT	Zip Code 06470-1022	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates, P.C.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Fatejeet Sandhu		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 90 Chestnut Hill Rd		Transaction ID: 29674517		
	City Ridgefield	State CT	Zip Code 06877-1206	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates, P.C.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Dr. Scott Berger		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 15 Maple Way		Transaction ID: 29674518		
	City Armonk	State NY	Zip Code 10504-2602	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Danbury Radiological Associates, P.C.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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 67 / 89
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Thorsten Krebs		Date of Receipt
	Mailing Address 82 Saunders Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Ridgefield	CT	06877-4217
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 29674633
Name of Employer Danbury Radiological Associates, P.C.		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Arnold D. Newman		Date of Receipt
	Mailing Address 37 Peaceable St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Ridgefield	CT	06877-4809
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 29674634
Name of Employer Danbury Radiological Associates		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Donald Hulnick		Date of Receipt
	Mailing Address 72 Golf Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Ridgefield	CT	06877-4838
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 29674635
Name of Employer Danbury Radiological Assoc.		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael DeVenny		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 3090 Yorktown Dr		Transaction ID: 29674950		
	City Tuscaloosa	State AL	Zip Code 35406-2713	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Radiology Clinic	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Bill Warren		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address UWMC Box 357115		Transaction ID: 29674951		
	City Seattle	State WA	Zip Code 98195-7115	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Washington	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Michael George		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 1620 John St S		Transaction ID: 29674952		
	City Salem	State OR	Zip Code 97302-5110	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Salem Radiology Consultants	Occupation Diagnostic Radiologist			
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)	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: PAGE 69 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. William Herrington

Mailing Address 1110 Laurel PI

City Athens State GA Zip Code 30606-5789

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

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 28 / 2009

Transaction ID: 29674953

Amount of Each Receipt this Period 625.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City Greensboro State NC Zip Code 27455-3423

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

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 28 / 2009

Transaction ID: 29674968

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard Redvanly

Mailing Address 4315 Gosford PI

City Charlotte State NC Zip Code 28277-4546

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 04 / 28 / 2009

Transaction ID: 29674973

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 725.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Jeffrey Jaendl		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 939 Quarter Round Road		Transaction ID: 29674974
City Pacolet	State SC	Zip Code 29372-3516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Greenville Radiology, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. James Rawson		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address Medical College of Georgia 1120 15th St BA1414		Transaction ID: 29674978
City Augusta	State GA	Zip Code 30912-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Medical College of Georgia	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.

Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 29674979
City Alexandria	State LA	Zip Code 71301-3606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Central LA Imaging Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	266.68
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29674981

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 286.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29674982

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City State Zip Code
Pittsburgh PA 15206-3780

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

Name of Employer Occupation
Weinstein Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.68

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29674994

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **248.67**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City Lincoln State MA Zip Code 01773-4807

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

Name of Employer The Imaging Institute Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 28 / 2009

Transaction ID: 29674997

Amount of Each Receipt this Period 83.34

B.

Full Name (Last, First, Middle Initial)
Dr. Shawn Teague

Mailing Address 11844 Tarver Ct

City Fishers State IN Zip Code 46037-8277

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

Name of Employer Indiana Univ School of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2009

Transaction ID: 29683198

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City Birmingham State AL Zip Code 35213-3403

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

Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 29698170

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **433.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 89
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886818

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886819

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City State Zip Code
Panama City FL 32404-5794

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

Name of Employer Occupation
Bay Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886820

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 89
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gregory Presser

Mailing Address PO Box 1770

City State Zip Code
Panama City FL 32402-1770

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

Name of Employer Occupation
Bay Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886821

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

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

Name of Employer Occupation
Bay Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886822

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886824

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code
Panama City FL 32401-3958

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886825

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City State Zip Code
Lynn Haven FL 32444-3455

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886826

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City State Zip Code
Panama City FL 32401-3979

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2009

Transaction ID: 29886827

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 89	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Stuart Moses		Date of Receipt	
	Mailing Address 14 Timber Dr		M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 31912804
	North Caldwell	NJ	07006-4406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	0.00
	Name of Employer Self-employed		Occupation Diagnostic Radiologist	[MEMO ITEM] Refund(s) on Schedule B Totaling \$2810.00 This changes the YTD Total to \$-2690.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -2690.00		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	77003.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 77 / 89	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="547.62"/>	Transaction ID: 29886807 Amount of Each Receipt this Period <input type="text" value="70.03"/> Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.03"/>
TOTAL This Period (last page this line number only)	<input type="text" value="70.03"/>

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) David Scott For Congress</p> <p>Mailing Address P.O. Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. David Albert Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 13</p>	<p>Transaction ID: 28805509 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	9													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OK District: 01</p>	<p>Transaction ID: 28867011 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	8		2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 10</p>	<p>Transaction ID: 28987402 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 29189698 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Sen. Blanche Lambert Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota 2012	Transaction ID: 29192127 Date of Disbursement
	Mailing Address PO Box 4146	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City St Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Sen. Amy Klobuchar	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: 29312823 Date of Disbursement
	Mailing Address 400 North Capitol Street Northwes #585	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Bluegrass Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress <hr/> Mailing Address 1600 Roosevelt Avenue Suite 804 <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Timothy J. Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 17	Transaction ID: 29312827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">4000.00</div>
B.	Full Name (Last, First, Middle Initial) Leadership in the New Century (LINC PAC) <hr/> Mailing Address 818 Connecticut Avenue NW Ste. 110 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement 011 Candidate Name Leadership in the New Century (LINC PAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29325171 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">4000.00</div>
C.	Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 011 Candidate Name Rep. David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	Transaction ID: 29325930 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">10000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress	Transaction ID: 29325945 Date of Disbursement 04 / 07 / 2009
	Mailing Address 1600 Roosevelt Avenue Suite 804	Amount of Each Disbursement this Period 1000.00
	City Niles State OH Zip Code 44446	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Timothy J. Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Broun Committee	Transaction ID: 29359492 Date of Disbursement 04 / 07 / 2009
	Mailing Address P.O. Box 1512	Amount of Each Disbursement this Period 1000.00
	City Athens State GA Zip Code 30601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul C. Broun	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Keystone America PAC	Transaction ID: 29496051 Date of Disbursement 04 / 17 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Keystone America PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 29497475 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 29550405 Date of Disbursement
	Mailing Address 430 South Capitol Street Southeas 2nd Floor	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="7500.00"/>
	Candidate Name Democratic Congressional Campaign Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 29550406 Date of Disbursement
	Mailing Address 430 South Capitol Street Southeas 2nd Floor	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="7500.00"/>
	Candidate Name Democratic Congressional Campaign Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Friends Of John Barrow

Transaction ID: 29550457
Date of Disbursement

Mailing Address PO Box 8166

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	9

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
State: GA District: 12
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Griffith For Congress

Transaction ID: 29551025
Date of Disbursement

Mailing Address PO Box 2916

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

City Huntsville State AL Zip Code 35804

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1500.00

Candidate Name
Rep. Parker Griffith, MD

Office Sought: House Senate President
State: AL District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Diana Degette For Congress Inc.

Transaction ID: 29552038
Date of Disbursement

Mailing Address P.O. Box 61337

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

City Denver State CO Zip Code 80206

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1500.00

Candidate Name
Rep. Diana DeGette

Office Sought: House Senate President
State: CO District: 01
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee	Transaction ID: 29553062 Date of Disbursement
	Mailing Address Post Office Box 28001 PO Box 28001	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Bob Etheridge	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress	Transaction ID: 29553845 Date of Disbursement
	Mailing Address 607 14th Street, Nw Suite 800	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Rep. Nancy Pelosi	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 29562425 Date of Disbursement
	Mailing Address 120 Maryland Avenue Northeast	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="7500.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue Northeast</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 29563014 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>7500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	9	7500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	9													
7500.00																						
<p>B. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 02</p>	<p>Transaction ID: 29563801 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
1500.00																						
<p>C. Full Name (Last, First, Middle Initial) Citizens For Arlen Specter</p> <p>Mailing Address 236 Massachusetts Avenue Ne</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District:</p>	<p>Transaction ID: 29565526 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td>10000.00</td></tr></table>	10000.00
10000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29566913</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29568836</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Griffith For Congress</p> <p>Mailing Address PO Box 2916</p> <p>City Huntsville State AL Zip Code 35804</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Parker Griffith, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29570368</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens For Bunning		Transaction ID: 29571040	
	Mailing Address 1717 Dixie Highway Suite 180		Date of Disbursement MM / DD / YYYY 04 / 30 / 2009	
	City Ft Wright	State KY	Zip Code 41011	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011	
	Candidate Name Sen. James Bunning		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: KY	District:		

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

78500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stuart Moses

Transaction ID: 29673367

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	4		2	7		2	0	0	9

Mailing Address 14 Timber Dr

City State Zip Code
North Caldwell NJ 07006-4406

Amount of Each Disbursement this Period

2810.00

Purpose of Disbursement
Refund of contributions from 9/2004-2/2009 because it was discovered to be a corporate credit card

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Refund of contributions from 9/2004-2/2009 because it was discovered to be a corporate credit card

SUBTOTAL of Disbursements This Page (optional)

2810.00

TOTAL This Period (last page this line number only)

2810.00

**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)

PAGE 89 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29886813

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

1289.29

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1289.29

TOTAL This Period (last page this line number only)

1289.29