

# 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

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 09 01 2006 through 09 30 2006

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 Milton Guiberteau

Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 10 19 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American College of Radiology Association

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		331338.52
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	451326.91									
(c) Total Receipts (from Line 19) .....	25242.10	521965.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	476569.01	853304.40								
7. Total Disbursements (from Line 31) .....	162209.81	538945.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	314359.20	314359.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American College of Radiology Association

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	21790.21	421598.85
(i) Itemized (use Schedule A) .....	2305.00	91459.70
(ii) Unitemized .....	24095.21	513058.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24095.21	513058.55
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1146.89	8907.33
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)) .....	25242.10	521965.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25242.10	521965.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	161500.00	526100.00
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	709.81	11072.20
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))..	162209.81	538945.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	162209.81	538945.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	24095.21	513058.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24095.21	513058.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
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	1773.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Steven Schwartz		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 370 Pells Rd		<b>Transaction ID:</b> 16739175
City State Zip Code Rhinebeck NY 12572-3354	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northern Dutchess Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Daniel Schwartzberg		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1250 McLynn Ave NE		<b>Transaction ID:</b> 16757594
City State Zip Code Atlanta GA 30306-2530	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Baptist Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Joe Brown, II		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 91 Stonehaven Cir		<b>Transaction ID:</b> 16757595
City State Zip Code Jackson TN 38305-1945	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Jackson Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	605.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DR Harold White

Mailing Address 2477 Sourek Rd

City Akron State OH Zip Code 44333-2928

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

Name of Employer Radiology & Imaging Services, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID: 16757596**

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
DR Bruce Gendron

Mailing Address 27 Timberline Dr

City Poughkeepsie State NY Zip Code 12603-5532

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

Name of Employer Western Pennsylvania Hospital 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  
09 / 08 / 2006

**Transaction ID: 16757597**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Michael Myers

Mailing Address 6496 Deer Hollow Dr

City San Jose State CA Zip Code 95120-1634

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

Name of Employer Nightshift Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID: 16757631**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) DR Perry Cook		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address Wind River Radiology 295 Garfield St		<b>Transaction ID:</b> 16791022
City Lander State WY Zip Code 82520-3121	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wind River Radiology Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) DR Robert Monaco		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 13 Bretwood Dr N		<b>Transaction ID:</b> 16791026
City Colts Neck State NJ Zip Code 07722-2405	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed 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>C.</b> Full Name (Last, First, Middle Initial) DR John Agola		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID:</b> 16798795
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 742.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DR Cara Bonawitz

Mailing Address 105 Shoal Quay

City Chesapeake State VA Zip Code 23320-2019

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 742.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

**Transaction ID: 16798796**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
DR George Christian

Mailing Address Medical Ctr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

**Transaction ID: 16798797**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City Virginia Beach State VA Zip Code 23451-4944

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 742.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

**Transaction ID: 16798798**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) DR Kirstin Fiona Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1005 Caton Dr		<b>Transaction ID:</b> 16798799	
City Virginia Beach	State VA	Amount of Each Receipt this Period 70.83	
Zip Code 23454-3162			
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.93		

<b>B.</b> Full Name (Last, First, Middle Initial) DR Haywood Davis, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 10 Ambassador Dr		<b>Transaction ID:</b> 16798855	
City Hampton	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 23666-6021			
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.86		

<b>C.</b> Full Name (Last, First, Middle Initial) DR John Donnal		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID:</b> 16798856	
City Norfolk	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 23502-4008			
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 81
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code  
Virginia Beach VA 23454-1367

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

Name of Employer  
Medical Center Radiologists, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
742.86

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16798857**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

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

Name of Employer  
Medical Center Radiologists, I

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
742.86

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16798858**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
DR Yan Gao

Mailing Address 1521 Mirassou Ln

City State Zip Code  
Virginia Beach VA 23454-1373

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

Name of Employer  
Medical Center Radiologists, Inc

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
742.86

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16798859**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Susanne Grasso</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address Med Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID: 16799112</b>
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.86	

Full Name (Last, First, Middle Initial) <b>B. DR Michael Ho</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID: 16799114</b>
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.86	

Full Name (Last, First, Middle Initial) <b>C. DR Lester Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1021 Downshire Chase		<b>Transaction ID: 16799116</b>
City State Zip Code Virginia Beach VA 23452-6154	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Yoonah Kim		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 917 Kings Cross		<b>Transaction ID:</b> 16799117
City State Zip Code Virginia Beach VA 23452-6230	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.07	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Patsy Loiacono		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 903A Yorkville Rd		<b>Transaction ID:</b> 16799119
City State Zip Code Yorktown VA 23692-3508	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Susan McKenzie		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID:</b> 16799594
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	233.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) DR Chan Nguyen		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID:</b> 16799596
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 742.86	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Hans Sachse		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 4200 Faigle Rd		<b>Transaction ID:</b> 16799597
City Portsmouth State VA Zip Code 23703-4811	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 800.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Sarah Shaves		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		<b>Transaction ID:</b> 16799599
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 594.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Lamar Smith		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		Transaction ID: 16799601	
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 742.86		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Adam Specht		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 3309 Chappell PI		Transaction ID: 16800147	
City Virginia Beach State VA Zip Code 23452-6290	Amount of Each Receipt this Period 70.83		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 688.07		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Richard Thomas		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 1037 Long Beeches Ave		Transaction ID: 16800149	
City Chesapeake State VA Zip Code 23320-0681	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 742.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Harlan Vingan</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Medical Center Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID: 16800151</b>
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 742.86	

Full Name (Last, First, Middle Initial) <b>B. DR Marshall Weissberger</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Medical Center Radiologists 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID: 16800154</b>
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 742.86	

Full Name (Last, First, Middle Initial) <b>C. DR John Whitbeck</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		<b>Transaction ID: 16800156</b>
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 796.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6330 N Center Dr Bldg 13 Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 742.86

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 16800725

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
DR John Campbell

Mailing Address 1416 Watersedge Dr

City Virginia Beach State VA Zip Code 23452-6222

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.36

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 16800729

Amount of Each Receipt this Period  
66.67

**C.** Full Name (Last, First, Middle Initial)  
DR Donald La Vay

Mailing Address 109 George Sandys

City Williamsburg State VA Zip Code 23185-8938

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 16800731

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Phillip Luebbert		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 9528 25th Bay St		<b>Transaction ID:</b> 16800733	
City Norfolk	State VA	Zip Code 23518-1812	Amount of Each Receipt this Period 70.83
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.64		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Eveleen Oleinik		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1021 Downshire Chase		<b>Transaction ID:</b> 16801563	
City Virginia Beach	State VA	Zip Code 23452-6154	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.14		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Kip Kang-L Park		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		<b>Transaction ID:</b> 16801564	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 66.67
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 647.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	162.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Jennifer Rush		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 3864 Banyon Grove Ln Apt 301		<b>Transaction ID:</b> 16801566
City State Zip Code Virginia Beach VA 23462-7492	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.36	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Desencia Thomas		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 600 Sabal Palm Ln Apt 307		<b>Transaction ID:</b> 16801567
City State Zip Code Chesapeake VA 23320-1743	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.36	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Jennifer Weaver		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 3962 Aeries Way		<b>Transaction ID:</b> 16801569
City State Zip Code Virginia Beach VA 23455-1558	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City State Zip Code  
Florence SC 29506-8552

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

Name of Employer  
Florence Radiological Associates, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16819811**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Webb Earthman

Mailing Address 6525 Radcliff Dr

City State Zip Code  
Nashville TN 37221-3716

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

Name of Employer  
Radiology Alliance

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16819812**

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jack Hentel

Mailing Address 122 Ridgeview Rd

City State Zip Code  
Poughkeepsie NY 12603-4264

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

Name of Employer  
Hudson Valley Radiologists, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 16819814**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Howard Sachs		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 4200 Leland St		<b>Transaction ID:</b> 16824620
City State Zip Code Chevy Chase MD 20815-6061	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2550.00
Name of Employer Progressive Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Raymond Tu		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Progressive Radiology 1539 27th St NW		<b>Transaction ID:</b> 16824621
City State Zip Code Washington DC 20007-3030	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Progressive Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jonathan Jay Crystal		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 510 Albany Post Road		<b>Transaction ID:</b> 16908020
City State Zip Code New Paltz NY 12561-3632	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Hudson Valley 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> DR James Pollard, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 25 Bruce Ln		<b>Transaction ID:</b> 16908021	
City Newton	State MA	Zip Code 02458-2615	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cambridge Health Alliance	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Donald Mayekawa		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1240 24th St Unit 2		<b>Transaction ID:</b> 16908022	
City Santa Monica	State CA	Zip Code 90404-1376	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		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Cathrine Keller		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 30049 Johnsons Point Rd		<b>Transaction ID:</b> 16936799	
City Leesburg	State FL	Zip Code 34748-9214	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Central FL	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A. DR Paul Van Dyke</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 919 51st St		<b>Transaction ID: 16941074</b>	
City Vienna	State WV	Zip Code 26105-3141	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00	
Name of Employer St Joseph Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>B. DR James Kiernan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5711 32nd St S		<b>Transaction ID: 17010764</b>	
City Wisconsin Rapids	State WI	Zip Code 54494-7477	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00	
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 ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>C. DR Eric Williams</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1600 S 48th St		<b>Transaction ID: 17010928</b>	
City Lincoln	State NE	Zip Code 68506-1227	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer Lincoln Radiology Group, PC	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Richard Gold</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 144 Pratt St		<b>Transaction ID: 17016343</b>	
City State Zip Code Providence RI 02906-1411		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rhode Island Medical Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. DR Mary Hillstrom</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5 Whitney Dr		<b>Transaction ID: 17016344</b>	
City State Zip Code Lincoln RI 02865-4639		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rhode Island Medical Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. DR Sean Theisen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4605 Connor Ct		<b>Transaction ID: 17016347</b>	
City State Zip Code Ypsilanti MI 48197-9233		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Huron Valley Radiology		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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Stephen Kahn		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 275 W 96th St Apt 9E		<b>Transaction ID:</b> 17016348
City State Zip Code New York NY 10025-6291	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Beth Israel Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Peter Vance		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2938 Balboa Dr		<b>Transaction ID:</b> 17016497
City State Zip Code Idaho Falls ID 83404-7498	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Imaging 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	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Salil Parikh		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 9477 Johnson Rd Ext		<b>Transaction ID:</b> 17065754
City State Zip Code Germantown TN 38139-3603	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Radiology Assoc of Ocala	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A. DR Robert Harris</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 35 Goodfellow Rd		<b>Transaction ID: 17065756</b>	
City State Zip Code Hanover NH 03755-4803		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Dartmouth-Hitchcock Med Ctr		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. DR Sidney Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Arthur Temple Cancer Center 1201 W Frank Ave		<b>Transaction ID: 17065799</b>	
City State Zip Code Lufkin TX 75904-3357		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Angelina Diag Rad Assoc		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. DR Richard Rossin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 11178 Montaubon Way		<b>Transaction ID: 17065800</b>	
City State Zip Code San Diego CA 92131-3678		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PVRMG		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DR Mark Chen

Mailing Address 4521 Campus Dr PMB 190

City Irvine State CA Zip Code 92612-2621

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

Name of Employer Univ of California SF Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17065801**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
DR Thomas Poulton

Mailing Address Aultman Hospital  
2600 6th St SW

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultman Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17065802**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
DR Bibb Allen, JR

Mailing Address Montclair Outpatient Center  
800 Montclair Rd

City Birmingham State AL Zip Code 35213-1908

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

Name of Employer Montclair Baptist Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17065803**

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Irena Tocino		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 24 Wakefield Rd		<b>Transaction ID:</b> 17065806	
City State Zip Code Branford CT 06405-5033		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Yale University School of Med Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Todd Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 18 Masters Cir		<b>Transaction ID:</b> 17065807	
City State Zip Code Little Rock AR 72212-3304		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Univ of North Carolina Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> DR William Ketcham, II		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 10009 Knowlwood Rd		<b>Transaction ID:</b> 17073131	
City State Zip Code Cheyenne WY 82009-8362		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Baylor College of Medicine Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) DR Anna Chacko		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 9 Fieldstone Dr		<b>Transaction ID:</b> 17073132	
City State Zip Code Winchester MA 01890-3257		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lahey Clinic Med Ctr Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Rajiv Sharma		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Charlotte Radiology 1701 East Blvd		<b>Transaction ID:</b> 17073133	
City State Zip Code Charlotte NC 28203-5823		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 5624 Laurium Rd		<b>Transaction ID:</b> 17073134	
City State Zip Code Charlotte NC 28226-5610		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	137.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 81
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR David Marcantonio

Mailing Address William Beaumont Hosp  
3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6712

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

Name of Employer Occupation  
Georgia West Imaging Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073135

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
DR Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code  
Dallas TX 75205-2919

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

Name of Employer Occupation  
Self-employed Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073137

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DR Kent Lancaster

Mailing Address Radiology Associates of Berrien  
777 Riverview Dr Ste D208

City State Zip Code  
Benton Harbor MI 49022-5033

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

Name of Employer Occupation  
Radiology Associates of Berrie Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073138

Amount of Each Receipt this Period  
42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>192.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Lonnie Simmons</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Gundersen Lutheran Clinic 1900 South Ave		<b>Transaction ID: 17073139</b>	
City State Zip Code La Crosse WI 54601-5467	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B. DR Terry Martin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		<b>Transaction ID: 17073140</b>	
City State Zip Code Birmingham AL 35216-2152	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C. DR Douglas Picton</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1911 NC Highway 121		<b>Transaction ID: 17073147</b>	
City State Zip Code Greenville NC 27834-7187	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	181.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code  
Yardley PA 19067-3930

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

Name of Employer  
Radiology Affiliates of Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073148**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code  
Greenville NC 27834-0508

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

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073149**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code  
Greenville NC 27858-8441

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

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073151**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
Eric M. Martin

Mailing Address 9 Doctors Park

City State Zip Code  
Greenville NC 27834-2801

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073156

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Roger Vitthalani

Mailing Address 516 Chesapeake PI

City State Zip Code  
Greenville NC 27858-0678

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073157

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code  
Williamsville NY 14221-1984

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

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073158

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Jeffrey Mewborne		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1702 S Thames Ct		<b>Transaction ID:</b> 17073159
City State Zip Code Greenville NC 27858-8130	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Randall Stickney		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 10620 S 77th East Ave		<b>Transaction ID:</b> 17073160
City State Zip Code Tulsa OK 74133-6837	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Oklahoma State Rad Society	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Ira Adler		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1811 Bloomsbury Rd		<b>Transaction ID:</b> 17073162
City State Zip Code Greenville NC 27858-9617	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR H E. Longmaid, III		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 52 Harwich Rd		<b>Transaction ID:</b> 17073163	
City State Zip Code Chestnut Hill MA 02467-3023		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Deaconess Hospital Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DR Eric Sax		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 9 Old Sudbury Rd		<b>Transaction ID:</b> 17073165	
City State Zip Code Lincoln MA 01773-4807		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation The Imaging Institute Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.70	

Full Name (Last, First, Middle Initial) <b>C.</b> DR Bradford Richmond		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave		<b>Transaction ID:</b> 17073166	
City State Zip Code Cleveland OH 44195-0001		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Cleveland Clinic Foundati-on Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Jorge Albin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 645 Mulberry Ln		<b>Transaction ID: 17073169</b>	
City State Zip Code Bellaire TX 77401-3803		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St Joseph Radiology Associates Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) <b>B. DR Edward Black</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Charlotte Radiology PA PO Box 36937		<b>Transaction ID: 17073170</b>	
City State Zip Code Charlotte NC 28236-6937		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Charlotte Radiology PA Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>C. DR Joseph Lurito</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Eastern Radiologists 9 Doctors Park		<b>Transaction ID: 17073171</b>	
City State Zip Code Greenville NC 27834-2801		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Eastern Radiologists Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	133.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Terry Wallace</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 17073172
City Charlotte	State NC	Zip Code 28236-6937
Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. DR William Way, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 7713 Oakmont PI		Transaction ID: 17073173
City Raleigh	State NC	Zip Code 27615-5492
Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. DR Demetrius Morros</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1045 Lake Colony Ln		Transaction ID: 17073176
City Birmingham	State AL	Zip Code 35242-7402
Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	163.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DR Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City State Zip Code  
Gastonia NC 28054-6402

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

Name of Employer Shelby Radiological Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073177**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 19 Woodleaf Ave

City State Zip Code  
Redwood City CA 94061-1823

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

Name of Employer Stanford University  
Occupation Radiation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073178**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
DR John D. Howard

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 Charlotte Radiology  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073179**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code  
Charlotte NC 28211-3325

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 ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073180**

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
DR Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine  
Medical Center Blvd

City State Zip Code  
Winston Salem NC 27157-0001

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

Name of Employer Occupation  
Wake Forest Univ Sch of Medicine Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073184**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code  
Charlotte NC 28211-3808

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

Name of Employer Occupation  
Charlotte Radiology PA Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073185**

Amount of Each Receipt this Period  
42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code  
Charlotte NC 28277-3033

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

Name of Employer Occupation  
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073186**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code  
Charlotte NC 28277-2593

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

Name of Employer Occupation  
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073187**

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code  
Wall Township NJ 07719-9648

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

Name of Employer Occupation  
Jersey Shore Radiology Assc Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073188**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 81
	(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

**A.** Full Name (Last, First, Middle Initial)  
DR Joel Swartz

Mailing Address 1210 Page Ter

City Villanova State PA Zip Code 19085-2132

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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** 17073191

Amount of Each Receipt this Period  
 40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Murray Becker

Mailing Address 56 Independence Dr

City East Brunswick State NJ Zip Code 08816-3286

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

Name of Employer Columbia-Presbyterian Med Ctr Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** 17073193

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City New Bern State NC Zip Code 28560-7520

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

Name of Employer Coastal Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** 17073194

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Michael Brannon		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 7 Foxglove Ct		<b>Transaction ID:</b> 17073236	
City Greenville	State SC	Zip Code 29615-5505	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Edward Sullivan, III		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400		<b>Transaction ID:</b> 17073237	
City Birmingham	State AL	Zip Code 35216-2152	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Associates of Alabama	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Bruce Schroeder		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 738 Lexington Dr		<b>Transaction ID:</b> 17073238	
City Greenville	State NC	Zip Code 27834-0507	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	122.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DR William Carey Werthmuller

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073239

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Carl Eisenberg

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073240

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code  
Arden Hills MN 55112-3639

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

Name of Employer Occupation  
St. Paul Radiology, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073244

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

**A.** Full Name (Last, First, Middle Initial)  
DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City Fuquay Varina State NC Zip Code 27526-8658

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

Name of Employer Wake Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073245**

Amount of Each Receipt this Period  
50.00

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

Mailing Address Charlotte Radiology PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073246**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
DR James Hiken

Mailing Address 7109 Cove Pointe PI

City Prospect State KY Zip Code 40059-9680

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

Name of Employer Diag. Imaging Alliance of Louisville Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 17073247**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A. DR Stuart Moses</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 14 Timber Dr		<b>Transaction ID: 17073248</b>	
City State Zip Code North Caldwell NJ 07006-4406		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-employed Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. DR Robert Newman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 913 Southview PI NE		<b>Transaction ID: 17073252</b>	
City State Zip Code Lenoir NC 28645-3755		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lenoir Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. DR Mary Pomeroy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 2625 Rolling Hills Dr		<b>Transaction ID: 17073253</b>	
City State Zip Code Monroe NC 28110-8408		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. DR Richard Redvanly</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 4315 Gosford Pl		<b>Transaction ID: 17073254</b>
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. DR Ross Bellavia</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 6730 Seton House Ln		<b>Transaction ID: 17073256</b>
City State Zip Code Charlotte NC 28277-4519	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. DR Marcela Bohm-Velez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		<b>Transaction ID: 17073293</b>
City State Zip Code Pittsburgh PA 15206-3780	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Weinstein Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	246.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A. DR Deborah Agisim</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 5600 Laurium Rd		<b>Transaction ID: 17073294</b>	
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. DR Amy Sobel</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 11104 Creek Point Dr		<b>Transaction ID: 17073295</b>	
City State Zip Code Matthews NC 28105-7702	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. DR William Stuart Hartley</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1625 Dilworth Rd W		<b>Transaction ID: 17073296</b>	
City State Zip Code Charlotte NC 28203-5213	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Alfred Mansour, JR		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		<b>Transaction ID:</b> 17073297
City Alexandria State LA Zip Code 71301-3606	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 750.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		<b>Transaction ID:</b> 17073301
City Birmingham State AL Zip Code 35216-2152	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2821 Argyle Rd		<b>Transaction ID:</b> 17073302
City Birmingham State AL Zip Code 35213-3403	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 510.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	218.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Gilbert Parker, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 2763 Brownfield Way		<b>Transaction ID:</b> 17073304	
City State Zip Code Sumter SC 29150-2254	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sumter Radiological, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		<b>Transaction ID:</b> 17073305	
City State Zip Code San Antonio TX 78229-3901	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Texas Hlth Sci Ctr	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Christopher Ullrich		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Charlotte Radiology PA PO Box 36937		<b>Transaction ID:</b> 17073308	
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 878.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Robert Raible, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 500 E Worthington Ave		<b>Transaction ID:</b> 17073309	
City State Zip Code Charlotte NC 28203-5346	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte 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 ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Fred Lassiter		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Charlotte Radiology PO Box 36937		<b>Transaction ID:</b> 17073310	
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

Full Name (Last, First, Middle Initial) <b>C.</b> DR Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Charlotte Radiology PO Box 36937		<b>Transaction ID:</b> 17073311	
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	124.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> DR Susan Mulligan		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1088 Lullwater Rd NE		<b>Transaction ID:</b> 17073317	
City Atlanta	State GA	Amount of Each Receipt this Period 50.00	
Zip Code 30307-1244			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Radiology Associates of Birmingham	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> DR Jugesh Cheema		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 55 Wellington Dr		<b>Transaction ID:</b> 17073318	
City Orange	State CT	Amount of Each Receipt this Period 40.00	
Zip Code 06477-3035			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> DR John Rogers		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 802 West Gap Creek Road		<b>Transaction ID:</b> 17073319	
City Greer	State SC	Amount of Each Receipt this Period 42.00	
Zip Code 29651-5065			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 81	
	(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

**A.** Full Name (Last, First, Middle Initial)  
DR Kevin Quinn

Mailing Address 69 McAfee Farm Rd

City State Zip Code  
Bedford NH 03110-4655

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

Name of Employer Occupation  
SNHRC Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 17073320

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	21790.21

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 81	
	(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

**A.** Full Name (Last, First, Middle Initial)  
Vanguard

Mailing Address PO Box 13750

City Philadelphia State PA Zip Code 19101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8907.33

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	6

Transaction ID: 17374419

Amount of Each Receipt this Period  
1146.89

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1146.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1146.89

**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

Full Name (Last, First, Middle Initial) <b>A. Mike Ross For Congress Committee</b>		<b>Transaction ID:</b> 16141189 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address PO Box 360		Amount of Each Disbursement this Period 2000.00	
City Prescott State AR Zip Code 71857	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Michael Ross			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John S Fund</b>		<b>Transaction ID:</b> 16279467 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address PO Box 65796		Amount of Each Disbursement this Period 4000.00	
City Washington State DC Zip Code 20035	011 Category/ Type		
Purpose of Disbursement			
Candidate Name			
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. John S Fund</b>		<b>Transaction ID:</b> 16330784 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address PO Box 65796		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20035	011 Category/ Type		
Purpose of Disbursement			
Candidate Name			
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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)

PAGE 55 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Jd Hayworth For Congress</b>		<b>Transaction ID:</b> 16651961 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Scottsdale AZ 85260	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. J.D. Hayworth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 16596816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 2500.00	
City State Zip Code Murfreesboro TN 37133	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Bart Gordon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mike Ross For Congress Committee</b>		<b>Transaction ID:</b> 16607352 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6	
Mailing Address PO Box 360		Amount of Each Disbursement this Period 2000.00	
City State Zip Code Prescott AR 71857	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Michael Ross			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. David Mcsweeney For Congress 2006 Inc</b>		<b>Transaction ID: 16634068</b>	
Mailing Address 8 Hubbell Court		Date of Disbursement 09 / 12 / 2006	
City Barrington	State IL	Zip Code 60010	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. S. David McSweeney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 8		

Full Name (Last, First, Middle Initial) <b>B. Roskam For Congress Committee</b>		<b>Transaction ID: 16634069</b>	
Mailing Address 423 W. Wesley Street		Date of Disbursement 09 / 12 / 2006	
City Wheaton	State IL	Zip Code 60189	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Peter Roskam			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 6		

Full Name (Last, First, Middle Initial) <b>C. Dent PAC</b>		<b>Transaction ID: 16790946</b>	
Mailing Address P.O. Box 40385		Date of Disbursement 09 / 12 / 2006	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> 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)

PAGE 57 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. John D. Dingell For Congress Committee</b>		<b>Transaction ID: 16596887</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John D. Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Earl Pomeroy For Congress</b>		<b>Transaction ID: 16596895</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 2000.00
City Fargo State ND Zip Code 58106	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Earl Pomeroy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jd Hayworth For Congress</b>		<b>Transaction ID: 16607345</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1500.00
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. J.D. Hayworth	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

PAGE 58 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Sweeney For Congress Inc</b>		<b>Transaction ID: 16607347</b>	
Mailing Address Post Office Box 1465		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. John E. Sweeney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 20			

Full Name (Last, First, Middle Initial) <b>B. Charles Taylor For Congress Committee</b>		<b>Transaction ID: 16596897</b>	
Mailing Address PO Box 2355		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City Asheville	State NC	Zip Code 28802	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Charles Taylor			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 11			

Full Name (Last, First, Middle Initial) <b>C. Thelma Drake For Congress</b>		<b>Transaction ID: 16607342</b>	
Mailing Address P.O. Box 61480		Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
City Virginia Beach	State VA	Zip Code 23466	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Thelma Drake			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA District: 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Weldon Victory Committee</b>		<b>Transaction ID:</b> 16607349 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 2000.00	
City Media State PA Zip Code 19063	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Curt Weldon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Poe For Congress</b>		<b>Transaction ID:</b> 16654679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address P.O. Box 14222		Amount of Each Disbursement this Period 1000.00	
City Humble State TX Zip Code 77347	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Ted Poe			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee Inc</b>		<b>Transaction ID:</b> 16593911 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Orrin G. Hatch			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

PAGE 60 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		<b>Transaction ID:</b> 16597116 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sue Kelly For Congress</b>		<b>Transaction ID:</b> 16926395 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00
City Katonah State NY Zip Code 10536	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sue W. Kelly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee for the Preservation of Capitalism (CPC)</b>		<b>Transaction ID:</b> 16334078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 65314		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Bass Victory Committee</b>		<b>Transaction ID:</b> 16926224 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 1000.00
City Concord State NH Zip Code 03302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles F. Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jerry Weller For Congress Inc.</b>		<b>Transaction ID:</b> 16596977 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60434	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pete PAC</b>		<b>Transaction ID:</b> 16596987 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22306	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 62 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Ron Lewis For Congress</b>		<b>Transaction ID:</b> 16926394 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00
City Elizabethtown State KY Zip Code 42702	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Mcsweeney For Congress 2006 Inc</b>		<b>Transaction ID:</b> 16596814 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 8 Hubbell Court		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. S. David McSweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dreier For Congress Committee</b>		<b>Transaction ID:</b> 16596989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Nelson For U S Senate</b>		<b>Transaction ID:</b> 16790786 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68108	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Ben Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress Committee</b>		<b>Transaction ID:</b> 16597577 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Committee, The</b>		<b>Transaction ID:</b> 16596825 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2500.00
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Mccrery For Congress Committee</b>		<b>Transaction ID:</b> 16598801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2000.00
City Shreveport State LA Zip Code 71135	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Jim McCrery	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. A Lot Of People Who Support Jeff Bingaman</b>		<b>Transaction ID:</b> 16604001 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 16210		Amount of Each Disbursement this Period 2500.00
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Jeff Bingaman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hawkeye PAC, the</b>		<b>Transaction ID:</b> 16596599 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 011 Category/Type	
Candidate Name	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Peterson</b>		<b>Transaction ID:</b> 16598224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 114 W. State Street PO Box 295		Amount of Each Disbursement this Period 1000.00
City Pleasantville State PA Zip Code 16341		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. John E. Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Ross For Congress Committee</b>		<b>Transaction ID:</b> 16607354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Michael Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whalen For Congress</b>		<b>Transaction ID:</b> 16894094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 750		Amount of Each Disbursement this Period 2500.00
City Bettendorf State IA Zip Code 52722		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Michael Whalen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Sam Johnson</b>		<b>Transaction ID:</b> 16604006 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 2000.00
City Plano State TX Zip Code 75074	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Samuel Robert Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hoyer For Congress</b>		<b>Transaction ID:</b> 16596585 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2500.00
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens For Gillmor</b>		<b>Transaction ID:</b> 16604010 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00
City Old Fort State OH Zip Code 44861	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Paul E. Gillmor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

PAGE 67 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Pryce For Congress</b>		<b>Transaction ID: 16604021</b> Date of Disbursement 09 / 20 / 2006	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Deborah Pryce	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bass Victory Committee</b>		<b>Transaction ID: 16604007</b> Date of Disbursement 09 / 20 / 2006	
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 2000.00	
City Concord State NH Zip Code 03302	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Charles F. Bass	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Radanovich For Congress</b>		<b>Transaction ID: 16926031</b> Date of Disbursement 09 / 20 / 2006	
Mailing Address 30151 Tomas Street		Amount of Each Disbursement this Period 4000.00	
City Rancho Sta Mrgrita State CA Zip Code 92688	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. George P. Radanovich	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. People For English</b>		<b>Transaction ID:</b> 16279460 Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 5000.00
City Erie State PA Zip Code 16507	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Sullivan For Congress Inc</b>		<b>Transaction ID:</b> 16604023 Date of Disbursement 09 / 21 / 2006
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 1000.00
City Tulsa State OK Zip Code 74147	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Scott For Congress</b>		<b>Transaction ID:</b> 16604024 Date of Disbursement 09 / 21 / 2006
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David A. Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 69 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. David Scott For Congress</b>		<b>Transaction ID: 16651945</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 4000.00
City Atlanta State GA Zip Code 30307	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. David A. Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Bilirakis For Congress</b>		<b>Transaction ID: 16907931</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33606	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Gus Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Pete PAC</b>		<b>Transaction ID: 16907933</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22306	Purpose of Disbursement 011 Category/Type	
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Clay Shaw</b>		<b>Transaction ID:</b> 16790855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2188 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 3000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress Committee</b>		<b>Transaction ID:</b> 16790797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 4000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Volunteers For Shimkus</b>		<b>Transaction ID:</b> 16795494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 3000.00
City Springfield State IL Zip Code 62705	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John M. Shimkus		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 71 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Norwood For Congress</b>		<b>Transaction ID:</b> 16604095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 499		Amount of Each Disbursement this Period 5000.00
City Evans State GA Zip Code 30809	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles W. Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cubin For Congress Inc</b>		<b>Transaction ID:</b> 16790888 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address Post Office Box 4657 P O Box 4657		Amount of Each Disbursement this Period 3000.00
City Casper State WY Zip Code 82604	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sue Kelly For Congress</b>		<b>Transaction ID:</b> 16790889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00
City Katonah State NY Zip Code 10536	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sue W. Kelly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> 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)

PAGE 72 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito For Congress</b>		<b>Transaction ID:</b> 16790877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Shelley Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Porter For Congress</b>		<b>Transaction ID:</b> 16790899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 2000.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jon C. Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Burgess For Congress</b>		<b>Transaction ID:</b> 16604029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 2500.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael C. Burgess, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

PAGE 73 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Charlie Dent For Congress</b>		<b>Transaction ID:</b> 16604032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1500.00
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mark Foley</b>		<b>Transaction ID:</b> 16790892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 2000.00
City Lake Worth State FL Zip Code 33461	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Mark A. Foley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sweeney For Congress Inc</b>		<b>Transaction ID:</b> 16790859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 2000.00
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John E. Sweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Keller For Congress</b>		<b>Transaction ID: 16790863</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 1000.00	
City Orlando State FL Zip Code 32802	Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Richard A. Keller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL      District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Harvest Pac</b>		<b>Transaction ID: 16926397</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address 236 Massachusetts Avenue NE #508		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement	011 Category/Type	
Candidate Name			
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark Kennedy 06</b>		<b>Transaction ID: 16825834</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 2000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Mark Kennedy			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN      District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

PAGE 75 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Lamberti For Congress</b>		Transaction ID: 16604094 Date of Disbursement 09 / 26 / 2006	
Mailing Address PO Box 785		Amount of Each Disbursement this Period 1000.00	
City Ankeny State IA Zip Code 50021	Purpose of Disbursement 011 Category/ Type	Candidate Name Mr. Jeffrey Lamberti	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Cliff Stearns</b>		Transaction ID: 16790800 Date of Disbursement 09 / 26 / 2006	
Mailing Address PO Box 308		Amount of Each Disbursement this Period 2000.00	
City Silver Springs State FL Zip Code 34489	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Cliff Stearns	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeb Bradley For Congress</b>		Transaction ID: 16790804 Date of Disbursement 09 / 26 / 2006	
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 2000.00	
City Wolfeboro State NH Zip Code 03894	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Jeb Bradley	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

PAGE 76 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Comeback PAC</b>		<b>Transaction ID: 16825887</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 40366		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20016	Purpose of Disbursement Candidate Name 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) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Ensign For Senate</b>		<b>Transaction ID: 16604096</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 26568		Amount of Each Disbursement this Period 1500.00
City Las Vegas State NV Zip Code 89126	Purpose of Disbursement Candidate Name Sen. John E. Ensign Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 2	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Next Century Fund</b>		<b>Transaction ID: 16935271</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 116 S Royal Street		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Candidate Name 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) ▼		011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

PAGE 77 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Leadership Encouraging Excellence Pac (LEE PAC)</b>		<b>Transaction ID:</b> 16918768 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period 5000.00
City Herndon State VA Zip Code 20171	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Reichert</b>		<b>Transaction ID:</b> 16795506 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 2000.00
City Bellevue State WA Zip Code 98015	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David George Reichert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Talent For Senate Committee</b>		<b>Transaction ID:</b> 16604098 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 147 N Meramec Suite 100		Amount of Each Disbursement this Period 1000.00
City St Louis State MO Zip Code 63105	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. James Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Tom Davis For Congress</b>		<b>Transaction ID:</b> 16964602 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 2500.00
City Annandale State VA Zip Code 22003	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Thomas M. Davis, III		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Amount of Each Disbursement this Period 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Mike Sodrel for Us</b>		<b>Transaction ID:</b> 16964613 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 4000.00
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement 011 Category/Type	
Candidate Name Michael Sodrel		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Amount of Each Disbursement this Period 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Majority Initiative To Keep Electing Republicans F</b>		<b>Transaction ID:</b> 16795490 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 65796		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20035	Purpose of Disbursement 011 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Amount of Each Disbursement this Period 8500.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 79 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Fitzpatrick For Congress</b>		<b>Transaction ID:</b> 16964607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 4000.00
City Doylestown State PA Zip Code 18901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael G. Fitzpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hobson For Congress</b>		<b>Transaction ID:</b> 16964597 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 2500.00
City Springfield State OH Zip Code 45503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David L. Hobson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Geoff Davis For Congress</b>		<b>Transaction ID:</b> 16964611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 3000.00
City Erlanger State KY Zip Code 41018	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Geoffrey Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 80 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. 21st Century Majority Fund</b>		<b>Transaction ID:</b> 16604119 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 6065 Roswell Rd., #2274		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30328		
Purpose of Disbursement	011 Category/Type	
Candidate Name 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:		

Full Name (Last, First, Middle Initial) <b>B. Mccauley For Congress Inc</b>		<b>Transaction ID:</b> 16964616 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 5127 Nebraska Avenue Nw		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20008		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Michael McCaul Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 10		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3500.00

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

161500.00



**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 81 / 81

<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

Full Name (Last, First, Middle Initial)

**A.** 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: 17374421

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

709.81

Bank Fees

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

709.81

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

709.81