

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		80466.70
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	42098.70									
(c) Total Receipts (from Line 19)	44100.00	86732.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86198.70	167198.70								
7. Total Disbursements (from Line 31)	21500.00	102500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64698.70	64698.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	38150.00	72800.00
(ii) Unitemized	950.00	4432.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39100.00	77232.00
(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)	39100.00	77232.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	9500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	44100.00	86732.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44100.00	86732.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1150.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1150.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	102500.00
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	-1150.00
(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	-1150.00
29. Other Disbursements.....	0.00	0.00
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))..	21500.00	102500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	102500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	39100.00	77232.00
34. Total Contribution Refunds (from Line 28(d))	0.00	-1150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39100.00	78382.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1150.00
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	1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Faheem Ahmad	Date of Receipt MM / DD / YYYY 07 / 18 / 2010
	Mailing Address 8613 Tahoe Court	Transaction ID: SA11AI.7950
	City State Zip Code Sylvania OH 43650	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Toledo Radiation Oncology Radiation oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Hassaan A Alkhatib	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 105 Gallantray Drive	Transaction ID: SA11AI.7951
	City State Zip Code Irmo SC 29063	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Medical physicist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Allgood	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 61 Thunderbird Drive	Transaction ID: SA11AI.7953
	City State Zip Code Batesville AR 72501-6622	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Cancer Care Specialists Radiation oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) John Anderson</p> <p>Mailing Address 908 W. North 4th Street</p> <p>City State Zip Code Morristown TN 37814</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Volunteer Radiation Oncology</p> <p>Occupation Radiation oncologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2010</p> <p>Transaction ID: SA11AI.7954</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Stephen Arrigo</p> <p>Mailing Address 15th & Upland</p> <p>City State Zip Code Chester PA 19013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Crozer-Chester Medical Center</p> <p>Occupation Radiation oncologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 700.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2010</p> <p>Transaction ID: SA11AI.7956</p> <p>Amount of Each Receipt this Period 700.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Albert Blumberg</p> <p>Mailing Address 6701 North Charles Street</p> <p>City State Zip Code Baltimore MD 21204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greater Baltimore Medical Ctr</p> <p>Occupation Radiation oncologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2010</p> <p>Transaction ID: SA11AI.7960</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Brindle	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 400 10th Avenue NW	Transaction ID: SA11AI.7963
	City State Zip Code Watertown SD 57201	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Prairie Lakes Cancer Center Radiation oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Wayne S. Court	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 4841 Monroe Street Suite 103	Transaction ID: SA11AI.7964
	City State Zip Code Toledo OH 43623	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Toledo Radiation Oncology Radiation oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr Venkata Rao Devineni	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 2260 Barnbridge Road	Transaction ID: SA11AI.7965
	City State Zip Code St. Louis MO 63131	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation DePaul Health Center Radiation oncology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Mark Dion		Date of Receipt
	Mailing Address 9908 Union Grove Road		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Morrison	IL	61270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7967
Name of Employer Mercy Medical Center		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Michael Dzeda		Date of Receipt
	Mailing Address 1193 Stonegates Turn		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Garnet Valley	PA	19061
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7969
Name of Employer Christian Healthcare		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) Dr. Gregg E. Franklin		Date of Receipt
	Mailing Address 4901 Lang Ave NE		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7971
Name of Employer New Mexico Cancer Center		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 29
	(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Claire Fung		Date of Receipt
	Mailing Address 510 Ward St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2010
	City	State	Zip Code
	Newton	MA	02459
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7972
Name of Employer Commonwealth Atrius Cancer Ctr		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Nanialei M. Golden		Date of Receipt
	Mailing Address 1907 Hwy A1A 301		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2010
	City	State	Zip Code
	Indian Harbor Beac	FL	32937
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7974
Name of Employer MIMA Cancer Center		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Sri Gorty		Date of Receipt
	Mailing Address 1910 Royalty Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Pomona	CA	91767
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7975
Name of Employer Self		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) Dr. Stephen M. Hahn		Date of Receipt MM / DD / YYYY 07 / 13 / 2010
Mailing Address 3400 Spruce Street 2 Donner Building		Transaction ID: SA11AI.7976
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Pennsylvania	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Hoke Han		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 1040 N. Southlake Dr.		Transaction ID: SA11AI.7977
City Hollywood	State FL	Zip Code 33019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hollywood Radiation	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Roger Hansen		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 784 S Signal Hill		Transaction ID: SA11AI.7979
City Fruit Heights	State UT	Zip Code 84037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GammaWest Brachytherapy	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Asif Harsolia

Mailing Address 6144 E.Cliffway Dr.

City State Zip Code
Orange CA 92869

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

Name of Employer Occupation
Memorial Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: SA11AI.7980

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Ernest C. Hymel

Mailing Address 32 Avenue of the Oaks

City State Zip Code
Beaumont TX 77707

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

Name of Employer Occupation
GTRO Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2010

Transaction ID: SA11AI.7982

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Geraldine M. Jacobson

Mailing Address 3041 Newport Rd NE

City State Zip Code
Iowa City IA 52240

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

Name of Employer Occupation
University of Iowa Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2010

Transaction ID: SA11AI.7983

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) Dr. Randy Kahn		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 4031 Upper Creek Dr		Transaction ID: SA11AI.7984
City State Zip Code Sun City Center FL 33573	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Tampa Bay Radiation Oncology	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kirk Kanady		Date of Receipt MM / DD / YYYY 07 / 18 / 2010
Mailing Address P.O. Box 8399		Transaction ID: SA11AI.7985
City State Zip Code The Woodlands TX 77387	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Hermann The Woodlands	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Brent Kane		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 7257 N. Fresno St.		Transaction ID: SA11AI.7986
City State Zip Code Fresno CA 93720	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer California Cancer Center	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew Katz

Mailing Address 9 Ashford Ln

City State Zip Code
Andover MA 01810

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

Name of Employer Radiation Oncology Associates
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: SA11AI.7987

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Brian Kavanaugh

Mailing Address 5535 S Berry Lane

City State Zip Code
Greenwood Village CO 08011

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

Name of Employer University of Colorado
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: SA11AI.7989

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Brian Kavanaugh

Mailing Address 5535 S Berry Lane

City State Zip Code
Greenwood Village CO 08011

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

Name of Employer University of Colorado
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: SA11AI.7988

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Maria Kelly

Mailing Address 1230 Grove Park Court

City State Zip Code
Earlysville VA 22936

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

Name of Employer Occupation
Veteran's Administration Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2010

Transaction ID: SA11AI.7990

Amount of Each Receipt this Period
1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Krystyna D. Kiel

Mailing Address 505 North Lake Shore Drive
Apartment 6510

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Northwestern Memorial Hospital Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2010

Transaction ID: SA11AI.7991

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 4931 Lyford Cay Road

City State Zip Code
Tampa FL 33629

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

Name of Employer Occupation
Tampa Bay Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: SA11AI.7992

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Roger Kucway

Mailing Address 4841 Monroe, Suite 103

City Toledo State OH Zip Code 43623

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

Name of Employer Toledo Radiation Oncology Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2010
Transaction ID: SA11AI.7994
Amount of Each Receipt this Period 1000.00
Contribution

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

Mailing Address 8124 Summerhouse Dr. E

City Dublin State OH Zip Code 43016

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

Name of Employer Ohio State University Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010
Transaction ID: SA11AI.7995
Amount of Each Receipt this Period 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
John Marvel

Mailing Address 771 E 800 S

City Fairmount State IN Zip Code 46928

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

Name of Employer Cancer Care Group, P.C. Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2010
Transaction ID: SA11AI.7996
Amount of Each Receipt this Period 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 2119 Whitney Oaks Dr

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer U.S. Air Force Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2010

Transaction ID: SA11AI.7998

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Bharat B. Mittal

Mailing Address 204 Midwest Club

City State Zip Code
Oak Brook IL 60521

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

Name of Employer Northwestern Memorial Hospital Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2010

Transaction ID: SA11AI.7999

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Najeeb Mohideen

Mailing Address 800 W Central Ave

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Northwest Community Hospital Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: SA11AI.8000

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Nicklas Oldenburg

Mailing Address 125 Hope St.

City Providence State RI Zip Code 02906

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

Name of Employer NorthMain Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2010
Transaction ID: SA11AI.8001
Amount of Each Receipt this Period 1000.00
Contribution

B.

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

Mailing Address 581 Epirus Hill

City South Abington Twp State PA Zip Code 18411

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

Name of Employer Northeast Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010
Transaction ID: SA11AI.8002
Amount of Each Receipt this Period 500.00
Contribution

C.

Full Name (Last, First, Middle Initial)
Albert Martin Petty

Mailing Address 915 North Briarcliff Circle

City Maryville State TN Zip Code 37803

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

Name of Employer Blount Memorial Hospital
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.8004
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) William Regine		Date of Receipt MM / DD / YYYY 07 / 22 / 2010
Mailing Address 22 S. Greene Street		Transaction ID: SA11AI.8007
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland Medical	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Jane Witter Ridings		Date of Receipt MM / DD / YYYY 07 / 08 / 2010
Mailing Address 525 North Foote Avenue		Transaction ID: SA11AI.8008
City Colorado Springs	State CO	Zip Code 80909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. C. Leland Rogers		Date of Receipt MM / DD / YYYY 07 / 20 / 2010
Mailing Address 1050 East South Temple		Transaction ID: SA11AI.8009
City Salt Lake City	State UT	Zip Code 84102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gamma West Radiation Therapy	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

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

FOR LINE NUMBER: PAGE 20 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

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

Mailing Address 80 Seymour Street
P.O. Box 5037

City State Zip Code
Hartford CT 06102

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

Name of Employer Occupation
Hartford Hospital Radiation oncologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2010

Transaction ID: SA11AI.8010

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 1041 N 29th St

City State Zip Code
Billings MT 59101

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

Name of Employer Occupation
Billings Clinic Radiation oncologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2010

Transaction ID: SA11AI.8012

Amount of Each Receipt this Period
350.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Anand Shivnani

Mailing Address 6200 Jacqueline Dr

City State Zip Code
Plano TX 75024

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

Name of Employer Occupation
Texas Oncology Radiation oncologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2010

Transaction ID: SA11AI.8015

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 810 Fairgrove Church Road SE

City State Zip Code
Hickory NC 28602

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

Name of Employer Occupation
Sigmon Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: SA11AI.8017

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Stephen C. Smith

Mailing Address 1283 E Braemere Rd

City State Zip Code
Boise ID 83702

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

Name of Employer Occupation
Mountain States Oncology Group Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: SA11AI.8018

Amount of Each Receipt this Period
500.00

Contribution

C.

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

Mailing Address 4031 Upper Creek Rd

City State Zip Code
Sun City Center FL 33573

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

Name of Employer Occupation
Tampa Bay Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: SA11AI.8019

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 29
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) Patrick Swift		Date of Receipt MM / DD / YYYY 07 / 08 / 2010
Mailing Address 1981 B Funston Ave		Transaction ID: SA11AI.8022
City San Francisco	State CA	Zip Code 94116-1364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alta Bates Compreh. Cancer Ctr	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Thomas Walden		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 1200 Pine Run Drive		Transaction ID: SA11AI.8023
City Lumberton	State NC	Zip Code 28358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gibson Cancer Center	Occupation Radiation oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. David E. Wazer		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 52 Arrowhead Circle		Transaction ID: SA11AI.8024
City Ashland	State MA	Zip Code 01721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tufts Medical Center	Occupation Radiation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 23 / 29

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Timothy R. Williams

Mailing Address 7188 NE 8th Drive

City State Zip Code
Boca Raton FL 33487

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

Name of Employer Occupation
Boca Raton Community Hospital Radiation oncologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2010

Transaction ID: SA11AI.8025

Amount of Each Receipt this Period

2000.00

Contribution

B.

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

Mailing Address 829 Shadow Ln

City State Zip Code
Toledo OH 43615

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

Name of Employer Occupation
Toledo Radiation Oncology Radiation oncologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2010

Transaction ID: SA11AI.8026

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

38150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS		Date of Receipt
	Mailing Address PO BOX 2619		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HUNTSVILLE	AL	35804
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.8027
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	Refund
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.7925 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name ANNA ESHOO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.7938 Date of Disbursement
	Mailing Address P.O. Box 261060	<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name XAVIER BECERRA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC	Transaction ID: SB23.7942 Date of Disbursement
	Mailing Address PO Box 80126	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES DR. JR. BOUSTANY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.7921 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JASON ALTMIRE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.7922 Date of Disbursement
	Mailing Address Post Office Box 12567	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name JAMES E CLYBURN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.7939 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN J. BARROW	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: SB23.7935 Date of Disbursement 07 / 22 / 2010
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 1000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement Contribution Candidate Name GEOFFREY C DAVIS Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.7929 Date of Disbursement 07 / 15 / 2010
	Mailing Address POST OFFICE BOX 250116	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30325	
	Purpose of Disbursement Contribution Candidate Name JOHN HARDY ISAKSON Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.7943 Date of Disbursement 07 / 29 / 2010
	Mailing Address 7905 MALCOLM ROAD SUITE 102	Amount of Each Disbursement this Period 2500.00
	City CLINTON State MD Zip Code 20735	
	Purpose of Disbursement Contribution Candidate Name STENY HAMILTON HOYER Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC. <hr/> Mailing Address PO Box 682185 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement Contribution Candidate Name MARSHA MRS. BLACKBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7944 Date of Disbursement 07 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS <hr/> Mailing Address P.O. Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement Contribution Candidate Name WILLIAM J. HON. JR. PASCRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7918 Date of Disbursement 07 / 06 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement Contribution Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7930 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

