

# 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 SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

ADDRESS (number and street) 8280 Willow Oaks Corporate Drive  
Suite 500  
 Check if different than previously reported. (ACC)  
Fairfax VA 22031

2. **FEC IDENTIFICATION NUMBER** C00384602  
**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 07 01 2008 through 09 30 2008

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 Laura Thevenot  
Signature of Treasurer Electronically Filed by Laura Thevenot Date 10 15 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		87443.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	67551.50									
(c) Total Receipts (from Line 19) .....	30907.00	68515.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98458.50	155958.50								
7. Total Disbursements (from Line 31) .....	19000.00	76500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79458.50	79458.50								
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 SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	26800.00	59501.00
(i) Itemized (use Schedule A) .....	4107.00	9014.00
(ii) Unitemized .....	30907.00	68515.00
(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) .....	30907.00	68515.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	30907.00	68515.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30907.00	68515.00

**DETAILED SUMMARY PAGE**

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	76500.00
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.....	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))..	19000.00	76500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	76500.00

**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) .....	30907.00	68515.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30907.00	68515.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David C. Beyer		Date of Receipt																				
	Mailing Address 8994 East Desert Cove Avenue Suite 100		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		0	9		2	0	0	8													
	City State Zip Code Scottsdale AZ 85260		<b>Transaction ID:</b> SA11AI.6760																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation Arizona Oncology Services Doctor		<table border="1"><tr><td colspan="10">1000.00</td></tr></table>	1000.00																				
1000.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td colspan="10">1000.00</td></tr></table>	1000.00																				
1000.00																							

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth R. Blank		Date of Receipt																				
	Mailing Address 169 Forest Ave		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		0	6		2	0	0	8													
	City State Zip Code Glen Ridge NJ 07028		<b>Transaction ID:</b> SA11AI.6661																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation Clara Maass Medical Center Physician		<table border="1"><tr><td colspan="10">500.00</td></tr></table>	500.00																				
500.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td colspan="10">500.00</td></tr></table>	500.00																				
500.00																							

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Buchholz		Date of Receipt																				
	Mailing Address 1321 Magnolia Bay Court		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		1	1		2	0	0	8													
	City State Zip Code Maitland FL 32751		<b>Transaction ID:</b> SA11AI.6666																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation MD Anderson Cancer Center Orla Physician		<table border="1"><tr><td colspan="10">250.00</td></tr></table>	250.00																				
250.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td colspan="10">250.00</td></tr></table>	250.00																				
250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td colspan="10">1750.00</td></tr></table>	1750.00									
1750.00											
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td colspan="10"> </td></tr></table>										

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Herman Flink		Date of Receipt
	Mailing Address 6454 Dora Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Mount Dora	FL	32757
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6689
Name of Employer Intercommunity Cancer Center		Occupation Physician	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"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Cassandra Foens		Date of Receipt
	Mailing Address 1932 Audubon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Waterloo	IA	50701-8905
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6663
Name of Employer Covenant Cancer Treatment Cent		Occupation Physician	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

<b>C.</b>	Full Name (Last, First, Middle Initial) Nichole Forstall		Date of Receipt
	Mailing Address 917 General Mouton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 9 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Lafayette	LA	70506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6737
Name of Employer OncoLogics		Occupation COO	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"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1050.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 24
	<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Neal Glover	Date of Receipt MM / DD / YYYY 09 / 11 / 2008
	Mailing Address P.O. Box HH	<b>Transaction ID:</b> SA11AI.6761
	City Monterey State CA Zip Code 93942	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Community Hospital of Monterey Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sri Gorty	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 1910 Royalty Dr	<b>Transaction ID:</b> SA11AI.6743
	City Pomona State CA Zip Code 91767	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Leonard L. Gunderson	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 13400 East Shea Boulevard	<b>Transaction ID:</b> SA11AI.6709
	City Scottsdale State AZ Zip Code 85259	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Mayo Clinic Scottsdale Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Stephen M. Hahn</p> <p>Mailing Address 3400 Spruce Street 2 Donner Building</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer University of Pennsylvania Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> SA11AI.6724</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Roger Hansen</p> <p>Mailing Address 784 S Signal Hill</p> <p>City Fruit Heights State UT Zip Code 84037</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer GammaWest Brachytherapy Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> SA11AI.6684</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Eleanor Harris</p> <p>Mailing Address 2212 Race Street</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Hospital of the Univ. of Penn Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> SA11AI.6688</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24  
(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Peter R. Hulick

Mailing Address 492 Beacon Street #32

City Boston State MA Zip Code 02115

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

Name of Employer South Suburban Oncology Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

Transaction ID: SA11AI.6670

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Lee Jones

Mailing Address PO Box 1074

City Valdese State NC Zip Code 28690

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

Name of Employer Self  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2008

Transaction ID: SA11AI.6777

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 9 Ashford Ln

City Andover State MA Zip Code 01810

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

Name of Employer Radiation Oncology  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2008

Transaction ID: SA11AI.6693

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David C. Khan		Date of Receipt
	Mailing Address 1234 6th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2008
	City	State	Zip Code
	Hermosa Beach	CA	90254
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6765
Name of Employer Centinela Freeman Reg Oncology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William Kubricht		Date of Receipt
	Mailing Address 602 Indiana Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	Lubbock	TX	79415
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6766
Name of Employer Southwest Cancer Center		Occupation Physician	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"/> 500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Kupelian		Date of Receipt
	Mailing Address 1310 Temple Grove Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	Winter Park	FL	32789
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6669
Name of Employer MDACC Orlando		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> 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 13 / 24  
(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

**A.**

Full Name (Last, First, Middle Initial) Hiroki Mitsuyama		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
Mailing Address 537 W Encanto Blvd		<b>Transaction ID:</b> SA11AI.6787
City Phoenix	State AZ	Zip Code 85003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Arizona Oncology Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Bharat B. Mittal		Date of Receipt MM / DD / YYYY 07 / 16 / 2008
Mailing Address 204 Midwest Club		<b>Transaction ID:</b> SA11AI.6672
City Oak Brook	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Memorial Hos- pital	Occupation Physician	
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. Najeeb Mohideen		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
Mailing Address 800 W Central Ave		<b>Transaction ID:</b> SA11AI.6742
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Northwest Community Hospi- tal	Occupation Physician	
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) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dan Moore		Date of Receipt	
	Mailing Address 1115 Main St		M M / D D / Y Y Y Y Y 08 / 22 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6823
	Pleasant View	TN	37146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Radiation Billing Solutions		Occupation Healthcare Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Subhakar Mutyala		Date of Receipt	
	Mailing Address 308 W 97th St 64		M M / D D / Y Y Y Y Y 09 / 22 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6781
	New York	NY	10025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Montefiore Medical Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Neal		Date of Receipt	
	Mailing Address 1988 S. 16th Street		M M / D D / Y Y Y Y Y 07 / 07 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6662
	Wilmington	NC	28401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer New Hanover Radiation Oncology		Occupation Doctor		
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 24  
(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

**A.**

Full Name (Last, First, Middle Initial)  
John Norlund

Mailing Address 90 Townline Road

City Elma State NY Zip Code 14059

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

Name of Employer Western New York Radiation Onc  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6771

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
James Piephoff

Mailing Address 915 E 15th St.

City Alton State IL Zip Code 62002

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

Name of Employer St. Anthony's  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6723

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Louis Potters

Mailing Address 1 Healthy Way

City Oceanside State NY Zip Code 11572

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

Name of Employer South Nassau Communities Hospi  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.6679

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 24
	(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William D. Powlis		Date of Receipt																				
	Mailing Address Department of Radiation Oncology One Medical Center Boulevard		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		0	2		2	0	0	8													
	City State Zip Code Chester PA 19013-3995		<b>Transaction ID:</b> SA11AI.6658																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																					
Name of Employer Occupation Crozer-Chester Medical Center Physician																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher Rose		Date of Receipt																				
	Mailing Address 16547 Park Lane Circle		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		0	3		2	0	0	8													
	City State Zip Code Los Angeles CA 90049		<b>Transaction ID:</b> SA11AI.6660																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																					
Name of Employer Occupation Valley Radiotherapy Physician																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John R. Russell		Date of Receipt																				
	Mailing Address P.O. Box 7415		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		2	3		2	0	0	8													
	City State Zip Code Mobile AL 36670		<b>Transaction ID:</b> SA11AI.6676																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation Cancer Ctr of Southern Alabama Medical Director																							
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) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24		
	<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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew Salner			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 8		
	Mailing Address 80 Seymour Street P.O. Box 5037			<b>Transaction ID:</b> SA11AI.6773		
	City Hartford	State CT	Zip Code 06102	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Hartford Hospital		Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Navneet Sharda			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 8		
	Mailing Address 1874 Whispering Circle			<b>Transaction ID:</b> SA11AI.6776		
	City Henderson	State NV	Zip Code 89012	Amount of Each Receipt this Period 500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Cancer Care Center		Occupation Physician	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Courtney Sheinbein			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 8		
	Mailing Address 225 N New Jersey Unit 62			<b>Transaction ID:</b> SA11AI.6763		
	City Indianapolis	State IN	Zip Code 46204	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Cancer Care Group		Occupation Physician	Aggregate Year-to-Date 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Tod Speer	Date of Receipt MM / DD / YYYY 08 / 21 / 2008
	Mailing Address 3221 East North Shore Blvd	<b>Transaction ID:</b> SA11AI.6828
	City State Zip Code Appleton WI 54952	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer U. of Wisconsin School of Med. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael L. Steinberg	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 2428 Santa Monica Boulevard 103	<b>Transaction ID:</b> SA11AI.6690
	City State Zip Code Santa Monica CA 90404	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Santa Monica Cancer Treatment Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Tomblin	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 8082 Galway Rd	<b>Transaction ID:</b> SA11AI.6783
	City State Zip Code Woodbury MN 55125	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Minnesota Occupation Resident 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) .....	▶	1750.00
<b>TOTAL</b> 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 / 24

(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Turrisi, III

Mailing Address 16632 E. Jefferson Ave.

City State Zip Code  
Grosse Pointe MI 48230

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

Name of Employer  
Gershenson Radiation Oncology

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: SA11AI.6681

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Terry J. Wall

Mailing Address 5011 Newsho Avenue

City State Zip Code  
Shawnee Mission KS 66205

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

Name of Employer  
St. Francis Hospital

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2008

Transaction ID: SA11AI.6677

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Weisenburger

Mailing Address 4440 Vieja Drive

City State Zip Code  
Santa Barbara CA 93110

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

Name of Employer  
Cancer Center of Santa Barbara

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2008

Transaction ID: SA11AI.6674

Amount of Each Receipt this Period

500.00

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

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 24  
(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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Gary W. West

Mailing Address 8038 Wurzbach  
Suite 270

City State Zip Code  
San Antonio TX 78229

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

Name of Employer Occupation  
Rad. Oncology of San Antonio Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 29 2008

Transaction ID: SA11AI.6678

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Marilyn Wexler

Mailing Address PO Box 1644

City State Zip Code  
Santa Monica CA 90406-1244

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

Name of Employer Occupation  
Self Medical Physicist

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

Date of Receipt

M M / D D / Y Y Y Y  
08 25 2008

Transaction ID: SA11AI.6827

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 1 Edge of Woods

City State Zip Code  
New Albany OH 43035

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

Name of Employer Occupation  
Mt Carmel St. Anne's Cancer Ct Doctor

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

Date of Receipt

M M / D D / Y Y Y Y  
09 23 2008

Transaction ID: SA11AI.6736

Amount of Each Receipt this Period

250.00

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

5500.00

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

26800.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN</p> <p>Mailing Address P O BOX 811</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name THOMAS RICHARD HARKIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6816</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6799</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO</p> <p>Mailing Address 12 TRUMBULL STREET</p> <p>City NEW HAVEN State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROSA DELAURO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6808</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<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 THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b>  Mailing Address <b>PO BOX 2619</b>  City <b>HUNTSVILLE</b> State <b>AL</b> Zip Code <b>35804</b> Purpose of Disbursement Contribution Candidate Name <b>R PARKER GRIFFITH</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>AL</b> District: <b>05</b>	<b>Transaction ID: SB23.6800</b> Date of Disbursement 07 / 24 / 2008	
		Amount of Each Disbursement this Period 4000.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN D. DINGELL FOR CONGRESS COMMITTEE</b>  Mailing Address <b>607 14th Street N.W. Suite 800</b>  City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b> Purpose of Disbursement Contribution Candidate Name <b>JOHN D MR. DINGELL</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MI</b> District: <b>15</b>	<b>Transaction ID: SB23.6815</b> Date of Disbursement 09 / 02 / 2008	
		Amount of Each Disbursement this Period 1000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KENDRICK MEEK CAMPAIGN FOR CONGRESS</b>  Mailing Address <b>111 NW 183rd Street Suite 325</b>  City <b>Miami</b> State <b>FL</b> Zip Code <b>33169</b> Purpose of Disbursement Contribution Candidate Name <b>KENDRICK B MEEK</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>FL</b> District: <b>17</b>	<b>Transaction ID: SB23.6820</b> Date of Disbursement 09 / 02 / 2008	
		Amount of Each Disbursement this Period 1000.00	

<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 SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

<b>A.</b> Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON State RI Zip Code 02920 Purpose of Disbursement Contribution Candidate Name JACK REED Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6817 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN MAINSTREET PARTNERSHIP PAC Mailing Address c/o G&W 2201 Wisconsin Ave. NW Suite 320 City Washington State DC Zip Code 20007 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6801 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC Mailing Address 8690 Wolff Court #200 City Westminster State CO Zip Code 80031 Purpose of Disbursement Contribution Candidate Name MARK E UDALL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6807 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <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) ..... ▶

19000.00