

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
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 01 01 2011 through 01 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer DR William Herrington  
Signature of Treasurer Electronically Filed by DR William Herrington Date 03 18 2011

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)

A. Form/Schedule : **F3XA**

Had to add in a small number of contributions totalling \$1,050 all together that were deposited in January 2011 but not forwarded until March 2011.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		678928.36
(b) Cash on Hand at Beginning of Reporting Period .....	678928.36	
(c) Total Receipts (from Line 19) .....	126256.33	126256.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	805184.69	805184.69
7. Total Disbursements (from Line 31) .....	35633.07	35633.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	769551.62	769551.62
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	109741.68	109741.68
(ii) Unitemized .....	16507.93	16507.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	126249.61	126249.61
(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) .....	126249.61	126249.61
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.) .....	6.72	6.72
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)) .....	126256.33	126256.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	126256.33	126256.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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.....	34000.00	34000.00
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.....	1633.07	1633.07
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))..	35633.07	35633.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35633.07	35633.07

**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) .....	126249.61	126249.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	126249.61	126249.61
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: PAGE 7 / 56

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Donald Allen

Mailing Address 2908 Smithfield Ct

City State Zip Code  
Fredericksburg VA 22408-2059

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

Name of Employer Occupation  
Radiology Associates of Fredericksburg Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 38257551

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 197 34th Ave E

City State Zip Code  
Seattle WA 98112-4913

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

Name of Employer Occupation  
Radia, Inc. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 38259110

Amount of Each Receipt this Period

1000.00

**C.**

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

Mailing Address 9510 Chestnut St

City State Zip Code  
Lenexa KS 66220-3635

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

Name of Employer Occupation  
United Imaging Consultant-s, LLC Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 38259115

Amount of Each Receipt this Period

250.00

**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 8 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Cotten

Mailing Address 908 Harbor Pointe Way

City State Zip Code  
Knoxville TN 37922-4153

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

Name of Employer Occupation  
LeConte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

**Transaction ID: 38259708**

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Timothy E. Moore

Mailing Address Univ of Nebraska Medical Ctr  
981045 Nebraska Medical Ctr

City State Zip Code  
Omaha NE 68198-0001

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

Name of Employer Occupation  
Univ of Nebraska Medical Ctr Diagnostic Radiologist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

**Transaction ID: 38259709**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Newcomb

Mailing Address 1425 Princeton Ct

City State Zip Code  
Allentown PA 18104-2247

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

Name of Employer Occupation  
Medical Imaging of Lehigh Valley Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00

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

**Transaction ID: 38267176**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 990.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 56  
(check only one)

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

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

**A.**

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

Mailing Address 2708 Legacy Ct

City State Zip Code  
Bartlesville OK 74006-7449

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

Name of Employer Occupation  
RSI Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38267178**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kara Carlson

Mailing Address 2710 107th Ave SE

City State Zip Code  
Beaux Arts WA 98004-7215

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

Name of Employer Occupation  
Radia Medical Imaging Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38267179**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Joshua Abramowitz

Mailing Address 72 Saint Stephens School Rd

City State Zip Code  
Austin TX 78746-2524

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395377**

Amount of Each Receipt this Period  
1000.00

**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 10 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen Agatston

Mailing Address 2201 Far Gallant Dr

City State Zip Code  
Austin TX 78746-1814

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395378**

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 9609 Tobrina Ln

City State Zip Code  
Austin TX 78759-7708

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395379**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Auler

Mailing Address 2306 Woodlawn Blvd

City State Zip Code  
Austin TX 78703-2417

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395380**

Amount of Each Receipt this Period  
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 11 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Sarah Avery Mailing Address 120 Birnam Wood Ct City State Zip Code Austin TX 78746-4500 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1 <b>Transaction ID: 38395381</b> Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Austin Radiological Assoc- Diagnostic Radiologist iation Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William Banks Mailing Address 10909 Range View Dr City State Zip Code Austin TX 78730-3569 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1 <b>Transaction ID: 38395382</b> Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Austin Radiological Assoc- Diagnostic Radiologist iates Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Barkley Mailing Address 1604 University Club Dr City State Zip Code Austin TX 78732-2440 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1 <b>Transaction ID: 38395383</b> Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Baylor College of Medicine Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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 12 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Lori Barr		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address Austin Radiological Assoc 10900 Stonelake Blvd Ste 250		Transaction ID: 38395384
City Austin	State TX	Zip Code 78759-5873
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Assoc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Hillel Ben-Avi		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 4501 Spanish Oak Trl		Transaction ID: 38395385
City Austin	State TX	Zip Code 78731-5217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Marouane Boucharab		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 1401 Eva St Apt 404		Transaction ID: 38395386
City Austin	State TX	Zip Code 78704-3070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 13 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bradley Brenner		Date of Receipt																				
	Mailing Address Austin Radiological Association 10900 Stonelake Blvd Ste 250		<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	1		1	0		2	0	1	1													
	City Austin State TX Zip Code 78759-5873		<b>Transaction ID:</b> 38395387																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1000.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lauren Brown		Date of Receipt																				
	Mailing Address Austin Radiological Associates PO Box 4099		<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	1		1	0		2	0	1	1													
	City Austin State TX Zip Code 78765-4099		<b>Transaction ID:</b> 38395388																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1000.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Chris Butschek		Date of Receipt																				
	Mailing Address Austin Radiological Assoc PO Box 4099		<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	1		1	0		2	0	1	1													
	City Austin State TX Zip Code 78765-4099		<b>Transaction ID:</b> 38395389																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 14 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Frank Chia

Mailing Address Austin Radiological Association  
10900 Stonelake Blvd Suite 250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395390  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Connor

Mailing Address 2603 Oakdale Ct

City Austin State TX Zip Code 78703-1529

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395391  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lawrence K. Conrad

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395447  
Amount of Each Receipt this Period 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 15 / 56  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Newell Dutton

Mailing Address 3400 Stratford Hills Lane

City Austin State TX Zip Code 78746-4687

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

**Transaction ID: 38395448**

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Nabeel Farhatziz

Mailing Address 9908 Cinnabar Trl

City Austin State TX Zip Code 78726-2425

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

**Transaction ID: 38395449**

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City Austin State TX Zip Code 78759-5873

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

**Transaction ID: 38395450**

Amount of Each Receipt this Period 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 16 / 56  
(check only one)

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

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

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

**A.**

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

Mailing Address 2206 E Windsor Rd

City Austin State TX Zip Code 78703-3119

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
**Transaction ID: 38395451**  
 Amount of Each Receipt this Period 1000.00

**B.**

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

Mailing Address 5005 Strass Dr

City Austin State TX Zip Code 78731-5629

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
**Transaction ID: 38395452**  
 Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Associates Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
**Transaction ID: 38395453**  
 Amount of Each Receipt this Period 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 17 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark Gray

Mailing Address 3007 Stratford Dr

City State Zip Code  
Austin TX 78746-4650

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

Name of Employer Occupation  
Austin Radiological Association Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395454

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 316 Dawn River Cv

City State Zip Code  
Austin TX 78732-1989

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395455

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Saman Hassibi

Mailing Address 1805 West 32nd St

City State Zip Code  
Austin TX 78703-1304

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

Name of Employer Occupation  
Univ of TX Southwestern Med Ctr Diagnostic Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395456

Amount of Each Receipt this Period  
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 18 / 56

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Hill

Mailing Address Austin Radiological Assoc  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

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

Name of Employer Occupation  
Austin Radiological Assoc- Radiologist  
iates

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395457

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Ronald Hoelscher

Mailing Address 4601 Elohi Dr

City State Zip Code  
Austin TX 78746-1642

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

Name of Employer Occupation  
Austin Radiological Assoc. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395458

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 1404 Wild Cat Holw

City State Zip Code  
Austin TX 78746-3622

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

Name of Employer Occupation  
Austin Radiological Assoc- Radiologist  
iates

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395459

Amount of Each Receipt this Period  
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 19 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jody Hooten		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address 5709 Hero Dr		<b>Transaction ID:</b> 38395460		
	City Austin	State TX	Zip Code 78735-6259	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Austin Radiological Associates		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Connie Hsu		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address Austin Radiological Association 10900 Stonelake Blvd Ste 250		<b>Transaction ID:</b> 38395461		
	City Austin	State TX	Zip Code 78759-5873	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Austin Radiological Association		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Shaheen Hussaini		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address 1702 Pease Rd		<b>Transaction ID:</b> 38395462		
	City Austin	State TX	Zip Code 78703-3403	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Austin Radiological Associates		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 20 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kent Ibanez

Mailing Address 10900 Stoneland Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395463**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2110 Griswold Ln

City State Zip Code  
Austin TX 78703-3010

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395464**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ravi Jhaveri

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395465**

Amount of Each Receipt this Period  
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 21 / 56  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles E. Johnson

Mailing Address 13337 Brightsky Overlook

City State Zip Code  
Austin TX 78732-2393

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395466

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Karnaze

Mailing Address Austin Radiological Association  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395468

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3608 Travis Country Circle

City State Zip Code  
Austin TX 78735-6106

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395469

Amount of Each Receipt this Period  
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 22 / 56  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brandon Langlinais

Mailing Address 707 North Tumbleweed Trail

City Austin State TX Zip Code 78733-3240

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395470

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Lava

Mailing Address 4701 Ridge Oak Dr

City Austin State TX Zip Code 78731-4723

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395471

Amount of Each Receipt this Period 1000.00

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

Mailing Address Austin Radiological Association  
10900 Stonelake Blvd Ste 100

City Austin State TX Zip Code 78759-5826

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395472

Amount of Each Receipt this Period 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 23 / 56  
(check only one)

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

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

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

**A.**

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

Mailing Address 6114 Mountainclimb Dr

City Austin State TX Zip Code 78731-3824

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395473

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Marcus Lines

Mailing Address 7 Ehrlich Road

City Austin State TX Zip Code 78746-3110

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395474

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gael Joan Lonergan

Mailing Address 9008 Bell Mountain DR

City Austin State TX Zip Code 78730-2701

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395475

Amount of Each Receipt this Period 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 24 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 100

City Austin State TX Zip Code 78759-5826

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395476  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 4201 Green Cliffs Rd

City Austin State TX Zip Code 78746-1242

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395477  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Masaryk

Mailing Address Austin Radiological Assoc  
PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Association Occupation Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395478  
Amount of Each Receipt this Period 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 25 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Curtis McClurg

Mailing Address 2607 Stratford Dr

City State Zip Code  
Austin TX 78746-4622

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395479

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark McLelland

Mailing Address PO Box 4099

City State Zip Code  
Austin TX 78765-4099

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395480

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ian McLoughlin

Mailing Address 3120 Wild Canyon Loop

City State Zip Code  
Austin TX 78732-1948

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

**Transaction ID:** 38395481

Amount of Each Receipt this Period  
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 26 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Gunar G. Mezaraups		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address Austin Radiological Assoc PO Box 4099		Transaction ID: 38395482
City Austin	State TX	Zip Code 78765-4099
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Assoc- iation	Occupation Radiologist	
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. Robert Milman		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 6409 Williams Ridge Way		Transaction ID: 38395483
City Austin	State TX	Zip Code 78731-2709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Assoc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Elizabeth Moorehead		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 4308 Palladio Dr		Transaction ID: 38395484
City Austin	State TX	Zip Code 78731-1801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Assoc- iates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 27 / 56

(check only one)

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

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

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

**A.**

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

Mailing Address Austin Radiological Association  
PO Box 4700

City State Zip Code  
Austin TX 78765-4700

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

Name of Employer Occupation  
Austin Radiological Assoc- Diagnostic Radiology  
iation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395485

Amount of Each Receipt this Period

1000.00

**B.**

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

Mailing Address 4507 River Wood Court

City State Zip Code  
Austin TX 78731-4518

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

Name of Employer Occupation  
Austin Radiological Assoc- Diagnostic Radiologist  
iates

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395486

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Debra Pennington

Mailing Address PO Box 160610

City State Zip Code  
Austin TX 78716-0610

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

Name of Employer Occupation  
Austin Radiological Assoc- Diagnostic Radiologist  
iation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 38395487

Amount of Each Receipt this Period

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 28 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. F Pfeifer, II

Mailing Address 8029 Muley Dr

City State Zip Code  
Austin TX 78759-6900

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395488**

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Poag

Mailing Address 15401 Bat Hawk Cir

City State Zip Code  
Austin TX 78738-6865

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395489**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Wilbert Polson

Mailing Address 2403 Camino Alto

City State Zip Code  
Austin TX 78746-2406

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395490**

Amount of Each Receipt this Period  
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 29 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Russell Putnam

Mailing Address 12243 Trautwein Rd

City State Zip Code  
Austin TX 78737-9365

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

Name of Employer Austin Radiological Association  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395491**

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Yvonne Queralt

Mailing Address Austin Radiological Association  
10900 Stonelake Blvd Ste 100

City State Zip Code  
Austin TX 78759-5826

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

Name of Employer Austin Radiological Association  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395492**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Murali Ranjithan

Mailing Address 1115 Kinney Ave Apt 35

City State Zip Code  
Austin TX 78704-2162

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

Name of Employer Austin Radiological Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395493**

Amount of Each Receipt this Period  
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 30 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew Reifsnyder		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address Austin Radiological Assoc 10900 Stonelake Blvd Ste A250		<b>Transaction ID:</b> 38395494		
	City Austin	State TX	Zip Code 78759-5873	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Austin Radiological Assoc Occupation Diagnostic Radiologist		Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher Richards		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address Austin Radiological Assoc PO Box 4099		<b>Transaction ID:</b> 38395495		
	City Austin	State TX	Zip Code 78765-4099	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Austin Radiological Associates Occupation Radiologist		Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Dan Richardson		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address 8616 Mendocino Dr		<b>Transaction ID:</b> 38395496		
	City Austin	State TX	Zip Code 78735-1423	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist		Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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 31 / 56  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William Rodriguez

Mailing Address 1036 Liberty Park Dr Apt 53

City Austin State TX Zip Code 78746-7025

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologists

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395497

Amount of Each Receipt this Period 1000.00

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

Mailing Address Austin Radiological Assoc  
PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Assoc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395593

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2504 Keating Ln

City Austin State TX Zip Code 78703-2318

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 38395594

Amount of Each Receipt this Period 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 32 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rodney Schmidt

Mailing Address 1938 Holly Hill Dr Apt 13

City State Zip Code  
Austin TX 78746-7653

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

Name of Employer Occupation  
Austin Radiological Assoc Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395595**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rajeev Shah

Mailing Address 1907 Lakeshore Dr

City State Zip Code  
Austin TX 78746-2904

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395596**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sandeep Shah

Mailing Address 7804 Texas Plume Rd

City State Zip Code  
Austin TX 78759-6030

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID: 38395597**

Amount of Each Receipt this Period  
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 33 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Shaw

Mailing Address 10900 Stonelake Blvd Ste 250A

City State Zip Code  
Austin TX 78759-5795

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

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

**Transaction ID: 38395829**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Sheneman

Mailing Address 10703 Winchelsea Dr

City State Zip Code  
Austin TX 78750-4039

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

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

**Transaction ID: 38395831**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Swanson

Mailing Address 1104 Blanco St

City State Zip Code  
Austin TX 78703-4920

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

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

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

**Transaction ID: 38395833**

Amount of Each Receipt this Period  
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: (check only one)	PAGE 34 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ghulam Thaver	Date of Receipt MM / DD / YYYY 01 / 10 / 2011
	Mailing Address 7950 N Stadium Dr Apt 167	<b>Transaction ID:</b> 38395834
	City State Zip Code Houston TX 77030-4420	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gabrielle Theriault	Date of Receipt MM / DD / YYYY 01 / 10 / 2011
	Mailing Address 402 Vale St	<b>Transaction ID:</b> 38395835
	City State Zip Code Rollingwood TX 78746-5731	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Austin Radiological Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Eugene Tong	Date of Receipt MM / DD / YYYY 01 / 10 / 2011
	Mailing Address 11405 Cedarcliff Dr	<b>Transaction ID:</b> 38395866
	City State Zip Code Austin TX 78750-3612	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Austin Radiological Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 35 / 56  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Trevino

Mailing Address 6712D Valburn Dr

City Austin State TX Zip Code 78731-1802

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395867  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Simon Trubek

Mailing Address 5523 Wigton Rd

City Houston State TX Zip Code 77096-4007

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

Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395868  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Binh Truong

Mailing Address Austin Radiological Associates  
PO Box 4099

City Austin State TX Zip Code 78765-4099

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

Name of Employer Austin Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2011  
Transaction ID: 38395869  
Amount of Each Receipt this Period 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 36 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. John Williams		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 2902 Clearview Dr		<b>Transaction ID:</b> 38395870
City Austin	State TX	Zip Code 78703-2847
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. J Andrew Andrew Williamson		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address Austin Radiological Association PO Box 4700		<b>Transaction ID:</b> 38395897
City Austin	State TX	Zip Code 78765-4700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. James P. Willis		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 139 Birnam Wood Ct		<b>Transaction ID:</b> 38395898
City Austin	State TX	Zip Code 78746-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Austin Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 37 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3405 Northwood Cir

City State Zip Code  
Austin TX 78703-1004

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395899

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles Wiseman

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

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

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395900

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Young

Mailing Address 7122 Las Ventanas Dr

City State Zip Code  
Austin TX 78731-1814

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

Name of Employer Occupation  
Austin Radiological Association Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** 38395901

Amount of Each Receipt this Period  
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 38 / 56

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nancy A. Ellerbroek

Mailing Address Valley Radiotherapy Assoc  
1500 Rosecrans Ave Ste 400

City State Zip Code  
Manhattan Beach CA 90266-3754

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

Name of Employer Occupation  
Valley Radiology Associates Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396205

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Margaret Bazarnic

Mailing Address West Reading Radiology Assoc  
301 S 7th Ave Ste 135

City State Zip Code  
West Reading PA 19611-1422

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

Name of Employer Occupation  
West Reading Radiology Assoc Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396207

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Weissberg

Mailing Address 1131 Country Hills Dr

City State Zip Code  
Santa Ana CA 92705-2386

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

Name of Employer Occupation  
MRD, Inc. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396208

Amount of Each Receipt this Period

250.00

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

1550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 56

(check only one)

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

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

**A.**

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

Mailing Address 232 Constance Ln

City State Zip Code  
Santa Barbara CA 93105-3520

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

Name of Employer Occupation  
Santa Barbara Radiology Diagnostic Radiologist  
Med Group, Inc

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396209

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Julia Muskie

Mailing Address 3909 Underwood St

City State Zip Code  
Chevy Chase MD 20815-5029

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

Name of Employer Occupation  
Drs. Groover, Christie and Diagnostic Radiologist  
Merritt

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396244

Amount of Each Receipt this Period

300.00

**C.**

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

Mailing Address Froedtert Hospital East  
9200 W Wisconsin Ave

City State Zip Code  
Milwaukee WI 53226-3522

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

Name of Employer Occupation  
Medical College of Wisconsin Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
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Transaction ID: 38396247

Amount of Each Receipt this Period

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

1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

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

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

**A.**

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

Mailing Address 8030 Peregrine Ln

City State Zip Code  
Cincinnati OH 45243-2714

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

Name of Employer Occupation  
Professional Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396248

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 15910 Arkdale Ct

City State Zip Code  
Spring TX 77379-6806

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

Name of Employer Occupation  
Houston Radiology Associates Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396252

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 14151 Palisades Drive

City State Zip Code  
Poway CA 92064-3841

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

Name of Employer Occupation  
Radiology Medical Group Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 38396253

Amount of Each Receipt this Period

1000.00

**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 41 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Pugh, JR		Date of Receipt																				
	Mailing Address 3547 Lakeshore Dr		<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>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	1		1	4		2	0	1	1													
	City	State	Zip Code																				
Kingsport	TN	37663-3372																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 38396254																					
Name of Employer Blue Ridge Radiology		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
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		<table border="1"><tr><td>300.00</td></tr></table>	300.00																				
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<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Thompson		Date of Receipt																				
	Mailing Address PO Box 1296		<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>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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	0	1		1	4		2	0	1	1													
	City	State	Zip Code																				
Dyersburg	TN	38025-1296																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 38396255																					
Name of Employer Independent Radiology Associates		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
300.00																							
		<table border="1"><tr><td>300.00</td></tr></table>	300.00																				
300.00																							

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Elizabeth McFarland		Date of Receipt																				
	Mailing Address 1833 Winter Run		<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>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	1		1	4		2	0	1	1													
	City	State	Zip Code																				
Chesterfield	MO	63017-5674																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 38396256																					
Name of Employer Center of Diagnostic Imaging		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																							
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250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>850.00</td></tr></table>	850.00
850.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kambiz Shamlou

Mailing Address 1507 Oak Forest Dr

City State Zip Code  
Ormond Beach FL 32174-3409

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

Name of Employer: Radiology Associates   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2011  
Transaction ID: 38433463  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City State Zip Code  
Huntsville AL 35801-2260

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

Name of Employer: Radiology Associates of Huntsville   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 15 / 2011  
Transaction ID: 38433464  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael George

Mailing Address 1620 John St S

City State Zip Code  
Salem OR 97302-5110

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

Name of Employer: Salem Radiology Consultants   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2011  
Transaction ID: 38433519  
Amount of Each Receipt this Period: 250.00

**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 43 / 56  
(check only one)

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

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

**A.**

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

Mailing Address 1266 NW Countryside Ct

City McMinnville State OR Zip Code 97128-9528

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

Name of Employer McMinnville Imaging Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2011

Transaction ID: 38433521

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 6612 Cliffbrook Dr

City Dallas State TX Zip Code 75254-8613

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

Name of Employer Southwest Imaging & Intervention specialis Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 15 / 2011

Transaction ID: 38434208

Amount of Each Receipt this Period 208.34

**C.**

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

Mailing Address Regional Diagnostic Radiology 1406 6th Ave N

City Saint Cloud State MN Zip Code 56303-1900

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

Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 15 / 2011

Transaction ID: 38434222

Amount of Each Receipt this Period 208.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **666.68**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Scott Truhlar	Date of Receipt MM / DD / YYYY 01 / 21 / 2011
	Mailing Address 221 E College St #1208	<b>Transaction ID:</b> 38437205
	City State Zip Code Iowa City IA 52240-1757	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Radiologic Medical Services, P.C. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Fritze	Date of Receipt MM / DD / YYYY 01 / 21 / 2011
	Mailing Address 804 Bramerton St	<b>Transaction ID:</b> 38437258
	City State Zip Code Andover KS 67002-9241	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kansas Imaging Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. George Howard, III	Date of Receipt MM / DD / YYYY 01 / 21 / 2011
	Mailing Address Onslow Radiology Ctr 299 Doctors Dr	<b>Transaction ID:</b> 38437259
	City State Zip Code Jacksonville NC 28546-6321	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Onslow Radiology Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</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 45 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Rinaldi

Mailing Address 9756 Cobblestone Dr

City State Zip Code  
Clarence NY 14031-2443

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

Name of Employer Chesapeake General Hospital      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** 38437262

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward Farmlett

Mailing Address 33 Round Bay Rd

City State Zip Code  
Laconia NH 03246-2650

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

Name of Employer Seacoast Radiology, P.A.      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** 38437268

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Huss

Mailing Address 4838 W Corsican Pine Dr

City State Zip Code  
Appleton WI 54913-6509

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

Name of Employer Radiology Associates of Appleton      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** 38437270

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Hector Ramirez, JR		Date of Receipt MM / DD / YYYY 01 / 21 / 2011		
	Mailing Address 7179 SE 94th Ln		<b>Transaction ID:</b> 38437564		
	City Ocala	State FL	Zip Code 34472-9245	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer Advanced Radiology Consulting		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Joshua Sapire		Date of Receipt MM / DD / YYYY 01 / 21 / 2011		
	Mailing Address 91 Deer Run Rd		<b>Transaction ID:</b> 38437565		
	City Woodbridge	State CT	Zip Code 06525-1908	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer Advanced Radiology Consultants		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce Shevlin		Date of Receipt MM / DD / YYYY 01 / 21 / 2011		
	Mailing Address 3905 Stone Bridge Rd		<b>Transaction ID:</b> 38437568		
	City Springfield	State IL	Zip Code 62707-8160	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer University Radiologists		Occupation Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City Peoria State IL Zip Code 61615-2617

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

Name of Employer: Central Illinois Radiology Association  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 21 / 2011  
Transaction ID: 38437625  
Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 5555 N Sheridan Rd, Apt 1402

City Chicago State IL Zip Code 60640-1636

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

Name of Employer: Northwestern Medical Faculty Foundatio  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 01 / 21 / 2011  
Transaction ID: 38437626  
Amount of Each Receipt this Period: 1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kate Feinstein

Mailing Address University of Chicago Medical Cent  
5841 S Maryland Ave, MC 2026

City Chicago State IL Zip Code 60637-1447

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

Name of Employer: University of Chicago Hos-  
pital  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 01 / 21 / 2011  
Transaction ID: 38437627  
Amount of Each Receipt this Period: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. W Ross Stevens

Mailing Address Reliant Radiology, LLC  
23309 Robbins Rd #312

City Springfield State IL Zip Code 62704

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

Name of Employer Reliant Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2011  
Transaction ID: 38437628  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles Tate, III

Mailing Address 1090 SW 15th St

City Boca Raton State FL Zip Code 33486-6858

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

Name of Employer Radiologists of N. Ft. Lauderdale, PA Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2011  
Transaction ID: 38437631  
Amount of Each Receipt this Period 500.00

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

Mailing Address 131C W Galloway Rd

City Jonesborough State TN Zip Code 37659-3558

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

Name of Employer Blue Ridge Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2011  
Transaction ID: 38437633  
Amount of Each Receipt this Period 1000.00

**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 49 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Malley

Mailing Address 630 NW Englewood Rd

City State Zip Code  
Kansas City MO 64118-3973

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

Name of Employer  
Imaging for Women LLC

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** 38437635

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1090 SW 15th St

City State Zip Code  
Boca Raton FL 33486-6858

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

Name of Employer  
Radiologists of N. Ft. Lauderdale, PA

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

**Transaction ID:** 38609479

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1110 Laurel Pl

City State Zip Code  
Athens GA 30606-5789

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

Name of Employer  
Athens Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

**Transaction ID:** 38609493

Amount of Each Receipt this Period  
625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Webb		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 9132 E 101st PI		<b>Transaction ID:</b> 38609583		
	City Tulsa	State OK	Zip Code 74133-6912	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Univ of Oklahoma Health Sci Ctr		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Workman		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 3257 W Windward Pass		<b>Transaction ID:</b> 38751208		
	City Springfield	State MO	Zip Code 65810-1965	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Springfield Neurological and Spine		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 300.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gregory Albright		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 121 N Monroe St Apt Ph1		<b>Transaction ID:</b> 38751209		
	City Tallahassee	State FL	Zip Code 32301-1532	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Radiology Associates of Tallahassee, P		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<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 51 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Durden	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address Radiology Assoc of Tallahassee PO Box 12219	<b>Transaction ID:</b> 38751210
	City Tallahassee State FL Zip Code 32317-2219	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Radiology Associates of Tallahassee, P Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Sergio Ginaldi	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address Rad Assoc of Tallahassee 1600 Phillips Rd	<b>Transaction ID:</b> 38751211
	City Tallahassee State FL Zip Code 32308-5304	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Radiology Associates of Tallahassee, P Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen	Date of Receipt MM / DD / YYYY 01 / 30 / 2011
	Mailing Address 6612 Cliffbrook Dr	<b>Transaction ID:</b> 38752134
	City Dallas State TX Zip Code 75254-8613	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Southwest Imaging & Intervention specialis Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2010.00
<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 52 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Eva Statz		Date of Receipt
Mailing Address 14 Ocean Highlands		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 5 / 2 0 1 1
City	State	Zip Code
Gloucester	MA	01930-5210
FEC ID number of contributing federal political committee.		Transaction ID: 39276810
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 300.00
Name of Employer Commonwealth Radiology As- sociates	Occupation Diagnostic Radiologist	
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.**

Full Name (Last, First, Middle Initial) Dr. Julie Stiles		Date of Receipt
Mailing Address 250 Beacon St Apt 5		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 5 / 2 0 1 1
City	State	Zip Code
Boston	MA	02116-1203
FEC ID number of contributing federal political committee.		Transaction ID: 39276811
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer New England Medical Center	Occupation Diagnostic Radiologist	
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"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 109741.68

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 38484408 Date of Disbursement 01 / 28 / 2011
	Mailing Address P.O. Box 521048 Suite A	Amount of Each Disbursement this Period 5000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. James D. Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) America's New Majority PAC	Transaction ID: 38485744 Date of Disbursement 01 / 04 / 2011
	Mailing Address 228 S. WASHINGTON STREET SUITE 115	Amount of Each Disbursement this Period 5000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 38486568 Date of Disbursement 01 / 29 / 2011
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 5000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tuesday Group PAC</p> <p>Mailing Address P.O. Box 40385</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Tuesday Group PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 38490101</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <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>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">3500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	6	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	6	/	2	0	1	1												
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tuesday Group PAC</p> <p>Mailing Address P.O. Box 40385</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Tuesday Group PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 38490255</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <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>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	5	/	2	0	1	1												
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address c/o G&amp;W 2201 Wisconsin Ave. NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Republican Main Street Partnership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 38490829</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <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>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	9	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	9	/	2	0	1	1												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">7500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Great Land PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Great Land PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38491890</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Benishek For Congress</p> <p>Mailing Address 802 Pentoga Trail</p> <p>City Crystal Falls State MI Zip Code 49920</p> <p>Purpose of Disbursement 2010 Primary Debt Retirement</p> <p>Candidate Name Mr. Daniel Benishek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2010</p>	<p><b>Transaction ID:</b> 38495298</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 Primary Debt Retirement</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Rehberg For Congress</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Dennis R. Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38498608</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>

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

11500.00

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

34000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 38785245

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

1633.07

Bank Fees

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

1633.07

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

1633.07