

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2011 through 03 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 05 04 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 edit the year end report due to a contribution that was not disbursed at the end of 2010. Due to that change the cash on hand at the beginning of the period had to be edited for this report.

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: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		694551.36
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	791552.37									
(c) Total Receipts (from Line 19) .....	105526.64	297170.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	897079.01	991722.32								
7. Total Disbursements (from Line 31) .....	181689.51	276332.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	715389.50	715389.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

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) .....	96978.66	257912.02
(ii) Unitemized .....	8538.28	39234.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	105516.94	297146.80
(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) .....	105516.94	297146.80
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.) .....	9.70	24.16
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)) .....	105526.64	297170.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	105526.64	297170.96

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	179500.00	270500.00
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	270.00
(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	270.00
29. Other Disbursements.....	2189.51	5562.82
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))..	181689.51	276332.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	181689.51	276332.82

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) .....	105516.94	297146.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	105516.94	296876.80
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 / 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Julie Timins	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address 20 Footes Ln	<b>Transaction ID:</b> 39068115
	City State Zip Code Morristown NJ 07960-6356	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Parker	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address Lumberton Radiological Asso 209 W 27th St	<b>Transaction ID:</b> 39068117
	City State Zip Code Lumberton NC 28358-3016	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LRA 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>C.</b>	Full Name (Last, First, Middle Initial) Dr. David Pennes	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address 2059 E Wyndham Hill Dr NE Apt 303	<b>Transaction ID:</b> 39068118
	City State Zip Code Grand Rapids MI 49505-6358	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Radiology Services 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) .....	2500.00
<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 8 / 101  
(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. Kenneth Berkenstock

Mailing Address Lancaster Radiology Associates  
PO Box 3555

City Lancaster State PA Zip Code 17604-3555

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

Name of Employer Lancaster Radiology Associates Occupation Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID: 39068129**

Amount of Each Receipt this Period 84.00

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

Mailing Address 2147 Meadow Ridge Dr

City Lancaster State PA Zip Code 17601-5762

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID: 39068137**

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Leslie

Mailing Address 260 Eshelman Rd

City Lancaster State PA Zip Code 17601-5645

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID: 39068138**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **284.00**

**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 / 101  
(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. Simon Westacott		Date of Receipt MM / DD / YYYY 03 / 03 / 2011
Mailing Address 1965 Glendower Dr		<b>Transaction ID:</b> 39068142
City Lancaster	State PA	Zip Code 17601-4945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lancaster Radiology Associates	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.**

Full Name (Last, First, Middle Initial) Dr. Patrick Weybright		Date of Receipt MM / DD / YYYY 03 / 03 / 2011
Mailing Address 1234 Mastersonville Rd		<b>Transaction ID:</b> 39068143
City Manheim	State PA	Zip Code 17545-9461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Philip Rogoff		Date of Receipt MM / DD / YYYY 03 / 04 / 2011
Mailing Address 58 Rogers Rd		<b>Transaction ID:</b> 39073162
City Carlisle	State MA	Zip Code 01741-1865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Schatzki Associates, Inc.	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) .....	700.00
<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 10 / 101  
(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 Patti

Mailing Address 11 Willard Ln

City State Zip Code  
Lynnfield MA 01940-1735

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

Name of Employer Occupation  
John A. Patti, M.D., Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2011

Transaction ID: 39073163

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward Bluth

Mailing Address Ochsner Foundation Hospital  
1514 Jefferson Hwy

City State Zip Code  
New Orleans LA 70121-2429

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

Name of Employer Occupation  
Ochsner Radiology 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  
03 / 04 / 2011

Transaction ID: 39073170

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Melissa Yu

Mailing Address 6 Ventana Ridge Dr

City State Zip Code  
Aliso Viejo CA 92656-1849

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

Name of Employer Occupation  
Newport Harbor Radiology Associates Me 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  
03 / 04 / 2011

Transaction ID: 39073172

Amount of Each Receipt this Period

250.00

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

3750.00

**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 / 101  
(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. Nicolas von dem Bussche

Mailing Address 18662 Via Torino

City State Zip Code  
Irvine CA 92603-3438

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

Name of Employer Newport Harbor Radiology Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** 39073174

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Winston Whitney

Mailing Address 2189 Tustin Ave

City State Zip Code  
Costa Mesa CA 92627-1864

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

Name of Employer Newport Radiology Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** 39073175

Amount of Each Receipt this Period  
250.00

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

Mailing Address 15521 Orchid Ave

City State Zip Code  
Tustin CA 92782-1933

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

Name of Employer Univ of South Alabama Med Center  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** 39073179

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 101
	<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. Steven Oglevie	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 2515 Vista Drive	<b>Transaction ID:</b> 39073180
	City State Zip Code Newport Beach CA 92663-5631	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Newport Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Wallace Peck	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 31 Mahogany Dr	<b>Transaction ID:</b> 39073182
	City State Zip Code Irvine CA 92620-1232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Newport Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Rhee	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 7 Agostino	<b>Transaction ID:</b> 39073183
	City State Zip Code Newport Coast CA 92657-1220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Newport Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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 / 101  
(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 Roossin

Mailing Address 9 Sea Shell

City State Zip Code  
Newport Coast CA 92657-1705

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

Name of Employer Newport Harbor Radiology Assoc.  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073184

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1636 Anita Ln

City State Zip Code  
Newport Beach CA 92660-4804

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

Name of Employer Newport Harbor Radiology  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073229

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address Newport Harbor Radiology Associate  
471 N Old Newport Blvd Ste 302

City State Zip Code  
Newport Beach CA 92663-4244

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

Name of Employer Newport Harbor Rad Assoc  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073230

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 101
	<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. Luke Cheung		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 36 Plumeria		<b>Transaction ID:</b> 39073233		
	City Irvine	State CA	Zip Code 92620-1999	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Harbor Radiology Associates		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Miles Chang		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address Hoag Hospital PO Box 6100		<b>Transaction ID:</b> 39073237		
	City Newport Beach	State CA	Zip Code 92658-6100	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Harbor Radiology Associates Me		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth Rall		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 1904 Field Stone Ct		<b>Transaction ID:</b> 39073238		
	City Columbia	State MO	Zip Code 65203-5408	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 101  
(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. Leonard Berlin

Mailing Address 518 Meadow Dr W

City State Zip Code  
Wilmette IL 60091-2276

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

Name of Employer Occupation  
Self-employed Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073239

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 320 Evening Canyon Rd

City State Zip Code  
Corona Del Mar CA 92625-2638

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

Name of Employer Occupation  
Newport Harbor Radiology Associates Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073240

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jon DeWitte

Mailing Address 1130 Spring Lake Dr

City State Zip Code  
Bishop GA 30621-1345

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

Name of Employer Occupation  
Athens Radiology Associates, P.C. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073244

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 101  
(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. Amy Kirby

Mailing Address 5209 Pulchella Drive

City State Zip Code  
Oklahoma City OK 73142-6811

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

Name of Employer Occupation  
Eagle Eye Imaging Radiology Resident

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073245

Amount of Each Receipt this Period  
150.00

**B.**

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

Mailing Address 2213 NE 160th Ave

City State Zip Code  
Vancouver WA 98684-4501

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

Name of Employer Occupation  
Radiology Specialists of the Northwest Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073246

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gayle Roulier

Mailing Address Vista Radiology  
2001 Laurel Ave Ste 304

City State Zip Code  
Knoxville TN 37916-1834

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

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

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

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** 39073247

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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 / 101  
(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. Lawrence Liebscher

Mailing Address 2615 W 4th St

City Waterloo State IA Zip Code 50701-4050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2011

**Transaction ID:** 39073248

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jacqueline Bello

Mailing Address Montefiore Medical Center  
111 E 210th St

City Bronx State NY Zip Code 10467-2401

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

Name of Employer Montefiore Medical Center Occupation Neuroradiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2011

**Transaction ID:** 39220342

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William G. Bradley, JR

Mailing Address Univ of CA-San Diego Med Ctr  
402 Dickinson St Ste 454

City San Diego State CA Zip Code 92103-6902

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

Name of Employer University of California San Diego Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2011

**Transaction ID:** 39220343

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 / 101

(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. Brigid Gerety

Mailing Address 619 W Lake Dr

City State Zip Code  
Athens GA 30606-4138

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

Name of Employer Occupation  
Athens Radiology Associates, P.C. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: 39220344

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Shane Kudela

Mailing Address 1061 Shady Creek Ct

City State Zip Code  
Bogart GA 30622-3098

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

Name of Employer Occupation  
Athens Radiology Associates Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: 39220345

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth Hite

Mailing Address 434 New Britain Dr

City State Zip Code  
Lynchburg VA 24503-2143

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

Name of Employer Occupation  
Radiology Consultants of Lynchburg Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: 39220346

Amount of Each Receipt this Period

350.00

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

1350.00

**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 / 101

(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. Krishna Thirumala		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address Drs. Mori, Bean & Brooks, P.A. 3599 University Blvd S Ste 300		<b>Transaction ID:</b> 39220349		
	City Jacksonville	State FL	Zip Code 32216-4245	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Drs. Mori, Bean & Brooks, P.A.		Occupation Diagnostic Radiologist		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Anne Roberts		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address UCSD Med Ctr Thornton Hospital 9300 Campus Point Dr		<b>Transaction ID:</b> 39220350		
	City La Jolla	State CA	Zip Code 92037-1398	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer UCSD Medical Center		Occupation Diagnostic Radiologist		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Alan Holz		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address 10471 Lone Star Pl		<b>Transaction ID:</b> 39220351		
	City Davie	State FL	Zip Code 33328-1344	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Radiology Associates of Hollywood		Occupation Diagnostic Radiologist		

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 101  
(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. Kathleen Ward		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address 13131 S Longwood Ct		<b>Transaction ID:</b> 39220352
City Palos Park	State IL	Zip Code 60464-2184
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Loyola University Physi- cian Foundation	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. William Lowry		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address Radiology Assoc of Tarrant Co PA 816 W Cannon St		<b>Transaction ID:</b> 39220353
City Fort Worth	State TX	Zip Code 76104-3146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Radiology Associates of North Texas	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. John Braud		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address 9611 Norris Ferry Rd		<b>Transaction ID:</b> 39220356
City Shreveport	State LA	Zip Code 71106-7719
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Northshore Imaging Associ- ates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 21 / 101

(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. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City State Zip Code  
Denver CO 80237-2979

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

Name of Employer Occupation  
Radiology Imaging Association Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: 39220357

Amount of Each Receipt this Period

2500.00

**B.**

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

Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
Dallas TX 75254-8613

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

Name of Employer Occupation  
Southwest Imaging & Inter-ven specialis Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 436.68

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 39229856

Amount of Each Receipt this Period

10.00

**C.**

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

Mailing Address PO Box 48

City State Zip Code  
Daytona Beach FL 32115-0048

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

Name of Employer Occupation  
Radiology Associates of Daytona Beach Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 39229868

Amount of Each Receipt this Period

500.00

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

3010.00

**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 / 101  
(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. Oscar Carbonell

Mailing Address 12 Broadriver Rd

City State Zip Code  
Ormond Beach FL 32174-8743

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

Name of Employer  
Radiology Associates of Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229869

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1920 W Granada Blvd

City State Zip Code  
Ormond Beach FL 32174-6739

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

Name of Employer  
Radiology Associates of Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229870

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 2141 Villa Way

City State Zip Code  
New Smyrna Beach FL 32169-2089

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

Name of Employer  
Radiology Associates of Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229871

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 23 / 101

(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 Schiering

Mailing Address 1 Willow Oaks Trl

City State Zip Code  
Ormond Beach FL 32174-4956

FEC ID number of contributing federal political committee. C

Name of Employer: Radiology Associates of Daytona Beach  
Occupation: Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229872

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 3554 John Anderson Dr

City State Zip Code  
Ormond Beach FL 32176-2114

FEC ID number of contributing federal political committee. C

Name of Employer: Radiology Associates of Daytona Beach  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229873

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Melvin Stone

Mailing Address 32 N Saint Andrews Dr

City State Zip Code  
Ormond Beach FL 32174-3839

FEC ID number of contributing federal political committee. C

Name of Employer: Radiology Associates of Daytona Beach  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229874

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 101  
(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. David Turetsky

Mailing Address 608 John Anderson Dr

City State Zip Code  
Ormond Beach FL 32176-4763

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

Name of Employer  
Radiology Associates of Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229875

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 162 Laurelwood Ln

City State Zip Code  
Ormond Beach FL 32174-4227

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

Name of Employer  
Radiology Associates of Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229876

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 4 Granville Rd

City State Zip Code  
Lincoln MA 01773-3106

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

Name of Employer  
Schatzki Associates, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229877

Amount of Each Receipt this Period  
500.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 101

(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. Philip Rogoff

Mailing Address 58 Rogers Rd

City	State	Zip Code
Carlisle	MA	01741-1865

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

Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2011

Transaction ID: 39229878

Amount of Each Receipt this Period  
500.00

B.

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

Mailing Address 259 Independence Rd

City	State	Zip Code
Concord	MA	01742-2655

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

Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2011

Transaction ID: 39229879

Amount of Each Receipt this Period  
500.00

C.

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

Mailing Address 228 Wolcott Rd

City	State	Zip Code
Chestnut Hill	MA	02467-3170

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

Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
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Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2011

Transaction ID: 39229880

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 101  
(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. Edward B. Marianacci

Mailing Address 177 Walnut St

City State Zip Code  
Newton MA 02460-1601

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229881

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 196 E Emerson Rd

City State Zip Code  
Lexington MA 02420-2134

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229884

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 75 Centre Street

City State Zip Code  
Brookline MA 02446-2833

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: 39229885

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 101  
(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. George Cushing, JR		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address Mount Auburn Hospital 330 Mt Auburn St		Transaction ID: 39229886
City Cambridge	State MA	
Zip Code 02138-5502		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Jeremy Schiller		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 14 Broad St		Transaction ID: 39229887
City Salem	State MA	
Zip Code 01970-3144		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Schatzki Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Arpita Swami		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 32 Garrison St Apt 50102		Transaction ID: 39229888
City Boston	State MA	
Zip Code 02116-5700		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 101  
(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. Charles Langston

Mailing Address Mt Auburn Hospital  
330 Mt Auburn St

City State Zip Code  
Cambridge MA 02138-5597

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

Name of Employer Occupation  
Schatzki Associates, Inc. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229894

Amount of Each Receipt this Period  
500.00

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

Mailing Address Mount Auburn Hospital  
330 Mount Auburn St

City State Zip Code  
Cambridge MA 02138-5502

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

Name of Employer Occupation  
Schatzki Associates, Inc. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229895

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jose Arbona

Mailing Address 11403 Cat Spgs

City State Zip Code  
Boerne TX 78006-8487

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

Name of Employer Occupation  
Radiology Associates of San Antonio Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229896

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 101

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Benedikt		Date of Receipt	
	Mailing Address 501 Patterson Ave		M M / D D / Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229897
	San Antonio	TX	78209-5632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer South Texas Radiology Group, P.A.		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. Gilberto Cadavid		Date of Receipt	
	Mailing Address 5 Camden Oaks		M M / D D / Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229898
	San Antonio	TX	78248-1601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Radiology Associates of San Antonio		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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Keith Crow		Date of Receipt	
	Mailing Address 523 Berwick Town		M M / D D / Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229902
	San Antonio	TX	78249-2080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer South Texas Radiology Group, P.A.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 101  
(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. David Golden

Mailing Address 411 Happy Trail

City San Antonio State TX Zip Code 78231-1440

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229903  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. W Lawrence Greif

Mailing Address 130 Box Oak

City San Antonio State TX Zip Code 78230-5628

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

Name of Employer South Texas Radiology Group, P.A. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229904  
Amount of Each Receipt this Period 500.00

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

Mailing Address 231 W Lynwood Ave

City San Antonio State TX Zip Code 78212-2323

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

Name of Employer South Texas Radiology Group, P.A. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229905  
Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 101  
(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. Mark Healy

Mailing Address 207 Blackjack Oak

City State Zip Code  
San Antonio TX 78230-5617

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

Name of Employer Occupation  
South Texas Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229907

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James Lutz

Mailing Address 307 Geneseo Rd

City State Zip Code  
San Antonio TX 78209-6124

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

Name of Employer Occupation  
South Texas Radiology Group Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229909

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph McColley

Mailing Address 314 Post Oak Way

City State Zip Code  
San Antonio TX 78230-5623

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

Name of Employer Occupation  
South Texas Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229910

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 101

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Orsi		Date of Receipt	
	Mailing Address 6635 Biscay Bay		M M / D D / Y Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229911
	San Antonio	TX	78249-2572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		500.00
Name of Employer University of Texas Health Science Cen		Occupation Radiology Resident		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth Rugh		Date of Receipt	
	Mailing Address 4 Lazy Hollow St		M M / D D / Y Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229914
	San Antonio	TX	78230-5224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		1000.00
Name of Employer Radiology Associates of San Antonio		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. Ezequiel Silva, III		Date of Receipt	
	Mailing Address 120 W Lynwood Ave		M M / D D / Y Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 39229915
	San Antonio	TX	78212-2497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		1000.00
Name of Employer South Texas Radiology Gro- up, P.A.		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) .....	▶	2500.00
<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 33 / 101  
(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. John Stoll

Mailing Address 110 Cherokee Ln

City State Zip Code  
San Antonio TX 78232-2902

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

Name of Employer Occupation  
South Texas Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229916

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alvin Thaggard, III

Mailing Address 104 Cross Ln

City State Zip Code  
San Antonio TX 78209-5909

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

Name of Employer Occupation  
South Texas Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229917

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13651 Treasure Trail Dr

City State Zip Code  
San Antonio TX 78232-3508

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

Name of Employer Occupation  
South Texas Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 39229918

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 34 / 101  
(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. Todd Tibbetts

Mailing Address 804 Evans Ave

City San Antonio State TX Zip Code 78209-3649

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

Name of Employer South Texas Radiology Group, P.A. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229927  
Amount of Each Receipt this Period 400.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jorge Velez

Mailing Address 6 Lost Timbers

City San Antonio State TX Zip Code 78248-1661

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229928  
Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 22 Parman Pl

City San Antonio State TX Zip Code 78230-4138

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 14 / 2011  
Transaction ID: 39229929  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 101  
(check only one)

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

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

**A.**

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

Mailing Address 100 Creek Spgs

City Boerne State TX Zip Code 78006-9270

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

Name of Employer South Texas Radiology Group, P.A. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 03 / 14 / 2011

Transaction ID: 39229930

Amount of Each Receipt this Period 1000.00

**B.**

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

Mailing Address Yale Univ Sch of Med 333 Cedar St TE 2-224

City New Haven State CT Zip Code 06510-3206

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

Name of Employer Yale Univ Sch of Med Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 03 / 14 / 2011

Transaction ID: 39230048

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 610 Kings Rd

City Newport Beach State CA Zip Code 92663-5712

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

Name of Employer Newport Harbor Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 14 / 2011

Transaction ID: 39230051

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 101

(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. Thomas Eugene Velling

Mailing Address 1601 Fuerte Ranch Road

City State Zip Code  
El Cajon CA 92019-3730

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

Name of Employer Occupation  
Newport Harbor Radiology Associates Me 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 3 / 1 4 / 2 0 1 1

Transaction ID: 39230053

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cassandra Foens

Mailing Address Covenant Cancer Treatment Ctr  
200 E Ridgeway Ave

City State Zip Code  
Waterloo IA 50702-5040

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

Name of Employer Occupation  
Clinical Radiologists PC Radiation Oncologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: 39241389

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Jun

Mailing Address 2091 Cedar Ave

City State Zip Code  
Menlo Park CA 94025-5902

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

Name of Employer Occupation  
University of California San Francisco Neuroradiology Fellow

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: 39241391

Amount of Each Receipt this Period

250.00

**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 37 / 101  
(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. Saliil Parikh

Mailing Address 9477 Johnson Rd Ext

City State Zip Code  
Germantown TN 38139-3603

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

Name of Employer: Radiology Assoc of Ocala  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241396

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 5221 U.S. Route 60 East

City State Zip Code  
Huntington WV 25705

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

Name of Employer: Radiology Inc.  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241397

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Clarence Davis, III

Mailing Address 627 Springlake Rd

City State Zip Code  
Columbia SC 29206-2150

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

Name of Employer: Lexington Radiology Associates  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241401

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 38 / 101  
(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 Lohnes, JR

Mailing Address Wichita Radiological Group PA  
PO Box 8903

City State Zip Code  
Wichita KS 67208-0903

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

Name of Employer Occupation  
Wichita Radiological Group PA Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241402

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bibb Allen, JR

Mailing Address 3245 E Briarcliff Rd

City State Zip Code  
Birmingham AL 35223-1304

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

Name of Employer Occupation  
Montclair Baptist Medical Center Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241403

Amount of Each Receipt this Period  
625.00

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

Mailing Address 23 Moffat Rd

City State Zip Code  
Waban MA 02468-1112

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

Name of Employer Occupation  
Newton Wellesley Hosp Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: 39241404

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**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 / 101  
(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. Thomas Poulton		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address Aultman Hospital 2600 6th St SW		Transaction ID: 39241406
City Canton	State OH	Zip Code 44710-1799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Timothy Farrell		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 128 Killarney		Transaction ID: 39241408
City Williamsburg	State VA	Zip Code 23188-8415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Christopher Conlin		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 6590 Andersonville Rd		Transaction ID: 39241414
City Clarkston	State MI	Zip Code 48346-2794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DRA of Flint, PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<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 40 / 101  
(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. Kevin O'Brien

Mailing Address St Johns Macomb Hospital  
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

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

Name of Employer Diagnostic Radiology Consultants, PC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 15 / 2011

Transaction ID: 39241417

Amount of Each Receipt this Period 83.34

**B.**

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

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Rad Assoc of Birmingham PC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2011

Transaction ID: 39241418

Amount of Each Receipt this Period 100.00

**C.**

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 ▼ 645.02

Date of Receipt 03 / 15 / 2011

Transaction ID: 39241421

Amount of Each Receipt this Period 208.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **391.68**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 101

(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. Demetrius Morros		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 7418 Ridgecrest Court Rd		<b>Transaction ID:</b> 39241423		
	City Birmingham	State AL	Zip Code 35242-0525	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Birmingham Radiological Group P.C.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Raymond A. Armstrong		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address Radiology of Huntsville 2006 Franklin St SE Ste 200		<b>Transaction ID:</b> 39241427		
	City Huntsville	State AL	Zip Code 35801-4537	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baptist Medical Ctr-Montclair		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. Paul Lampert		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 11595 E 26th St		<b>Transaction ID:</b> 39241428		
	City Yuma	State AZ	Zip Code 85367-2203	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MDIG		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

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

308.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 101

(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. Kevin Smith

Mailing Address Regional Diagnostic Radiology  
1406 6th Ave N

City State Zip Code  
Saint Cloud MN 56303-1900

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

Name of Employer  
Regional Diagnostic Radio-  
logy

Occupation  
Diagnostic Radiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2011

Transaction ID: 39241434

Amount of Each Receipt this Period

208.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Legan

Mailing Address 1135 Hurricane Hill Rd

City State Zip Code  
Dyersburg TN 38024-6819

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

Name of Employer  
Independent Radiology Ass-  
ociates

Occupation  
Diagnostic Radiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276813

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. H Jay Zeskind

Mailing Address 4870 Park Hill Dr

City State Zip Code  
West Bloomfield MI 48323-3574

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

Name of Employer  
Diagnostic Radiology Cons-  
ultants, PC

Occupation  
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  
03 / 18 / 2011

Transaction ID: 39276897

Amount of Each Receipt this Period

1000.00

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

1508.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 101

(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. James Bognanno

Mailing Address 1774 Hourglass Dr

City State Zip Code  
Carmel IN 46032-7299

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276900

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 7340 Shadeland Station Ste 200

City State Zip Code  
Indianapolis IN 46256-3980

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276901

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Karen Ehrman

Mailing Address Irvington Radiologists PC  
7340 Shadeland Sta Ste 200

City State Zip Code  
Indianapolis IN 46256-3980

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276902

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 44 / 101

(check only one)

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

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

**A.**

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

Mailing Address 9654 Pleasant View Ln

City State Zip Code  
Zionsville IN 46077-9817

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276903

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 5880 Sunset Ln

City State Zip Code  
Indianapolis IN 46228-1450

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276904

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 365 East 75th Street

City State Zip Code  
Indianapolis IN 46240-2845

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: 39276905

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 45 / 101  
(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. Kenyon K. Kopecky

Mailing Address 650 Sugarbush Dr

City State Zip Code  
Zionsville IN 46077-1907

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

Name of Employer Occupation  
Irvington Radiologists, PC Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276906

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 5187 Sue Dr

City State Zip Code  
Carmel IN 46033-8669

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276907

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 12511 Glendurgan Dr

City State Zip Code  
Carmel IN 46032-8314

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276908

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 / 101  
(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. Dale McCarter

Mailing Address 7150 N Pennsylvania St

City State Zip Code  
Indianapolis IN 46240-3036

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

Name of Employer Occupation  
Irvington Radiologist Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276912

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 4412 W Easy St

City State Zip Code  
New Palestine IN 46163-8638

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

Name of Employer Occupation  
Medical College of Ohio Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276913

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 8106 Halyard Way

City State Zip Code  
Indianapolis IN 46236-9567

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276914

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 47 / 101  
(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. Scott Savader		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address Irvington Radiologists PC 7340 Shadeland Station Ste 200		Transaction ID: 39276915
City Indianapolis	State IN	Zip Code 46256-3980
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Paul Smart		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address PO Box 150850		Transaction ID: 39276916
City Cape Coral	State FL	Zip Code 33915-0850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Stephan Stockberger, JR		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 12909 Rocky Pointe Rd		Transaction ID: 39276917
City Mc Cordsville	State IN	Zip Code 46055-9582
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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 48 / 101  
(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 Swack		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 9703 Hunt Club Rd		<b>Transaction ID:</b> 39276918
City Zionsville	State IN	Zip Code 46077-8454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Perry Wethington		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 12060 Landover Lane		<b>Transaction ID:</b> 39276919
City Fishers	State IN	Zip Code 46038-9548
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Joseph Yedlicka		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 9034 Bay Breeze Ct		<b>Transaction ID:</b> 39276920
City Indianapolis	State IN	Zip Code 46236-9170
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Irvington Radiologists, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 49 / 101  
(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. Catherine Kurowski

Mailing Address 528 E 56th St

City Indianapolis State IN Zip Code 46220-3067

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011  
Transaction ID: 39276921  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jody Barber

Mailing Address 19445 County Rd 16

City Bristol State IN Zip Code 46507-8951

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

Name of Employer Radiology Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011  
Transaction ID: 39276922  
Amount of Each Receipt this Period 250.00

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

Mailing Address Radiology Inc  
PO Box 1258

City South Bend State IN Zip Code 46624-1258

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

Name of Employer Radiology, Inc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011  
Transaction ID: 39276923  
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 50 / 101  
(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 Brendle

Mailing Address 211 Highland Park Dr

City Middlebury State IN Zip Code 46540-9071

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011

Transaction ID: 39276924

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 51230 Pine Croft Ct

City South Bend State IN Zip Code 46637-6047

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

Name of Employer Loyola Univ Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011

Transaction ID: 39276925

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David D'Andrea

Mailing Address 51326 Amesbury Way

City Granger State IN Zip Code 46530-4829

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011

Transaction ID: 39276930

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 51 / 101

(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. Mary Dynes

Mailing Address Elkhart General Hosp  
600 East Blvd

City State Zip Code  
Elkhart IN 46514-2499

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

Name of Employer Occupation  
Radiology, Inc. 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 3 / 1 8 / 2 0 1 1

Transaction ID: 39276931

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code  
Granger IN 46530-8423

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

Name of Employer Occupation  
Radiology, Inc. 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 3 / 1 8 / 2 0 1 1

Transaction ID: 39276932

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 50600 Fox Trl

City State Zip Code  
Granger IN 46530-8598

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

Name of Employer Occupation  
Radiology, Inc. 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 3 / 1 8 / 2 0 1 1

Transaction ID: 39276933

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 52 / 101  
(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 Grantham

Mailing Address 50591 Glenshire Ct

City State Zip Code  
Granger IN 46530-4978

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276934

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1260 Garland Rd

City State Zip Code  
South Bend IN 46614-2103

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276936

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City State Zip Code  
Granger IN 46530-9769

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276937

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 53 / 101  
(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 R. Holt

Mailing Address 16980 Stonegate Court

City State Zip Code  
Granger IN 46530-6947

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2011

**Transaction ID:** 39276938

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Allison Lamont

Mailing Address Radiology Inc  
PO Box 1258

City State Zip Code  
South Bend IN 46624-1258

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2011

**Transaction ID:** 39276939

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christine O'Malley

Mailing Address 14264 Avery Pt

City State Zip Code  
Granger IN 46530-4844

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2011

**Transaction ID:** 39276940

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 54 / 101  
(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. Russell Midkiff

Mailing Address 51930 Quail Valley Dr

City State Zip Code  
Granger IN 46530-8875

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276942

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Pedro Miro

Mailing Address 50957 Park Ridge Ct

City State Zip Code  
Granger IN 46530-4986

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276943

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eldon W. Olson

Mailing Address 2006 Long Knife Court

City State Zip Code  
Louisville KY 40207-1176

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276944

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 55 / 101  
(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 Ormson

Mailing Address 51194 Midlothian Ct

City State Zip Code  
Granger IN 46530-9253

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276945

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 14208 Avery Point

City State Zip Code  
Granger IN 46530-4844

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276946

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Karl Schultz

Mailing Address 620 W Edison Ste 110

City State Zip Code  
Mishawaka IN 46545-2784

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276947

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 56 / 101  
(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. Thomas Seiffert

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code  
Mishawaka IN 46545-2784

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276948

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City State Zip Code  
South Bend IN 46617-4704

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276949

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City State Zip Code  
Granger IN 46530-4252

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

Name of Employer Radiology Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

Transaction ID: 39276950

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 57 / 101  
(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. LeRoy Weaver, JR

Mailing Address 21339 Morse Place

City State Zip Code  
Bristol IN 46507-9032

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

Name of Employer Radiology Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276951

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jonathan Weiss

Mailing Address 51642 Wexford Dr

City State Zip Code  
Granger IN 46530-8220

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** 39276952

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Med Ctr  
1900 South Ave C02-002

City State Zip Code  
La Crosse WI 54601-5467

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

Name of Employer Gundersen Lutheran Clinic Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39290915

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 101  
(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. Mark Wetherly

Mailing Address 2074 Kinsmon Dr

City State Zip Code  
Marietta GA 30062-8135

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39292253

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address X-Ray Physicians of Shelbyville  
150 W Washington St

City State Zip Code  
Shelbyville IN 46176-1236

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

Name of Employer Occupation  
X-Ray Physicians of Shelbyville Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39292256

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 7301 Peak Dr Ste 200

City State Zip Code  
Las Vegas NV 89128-9308

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

Name of Employer Occupation  
Steinberg Diagnostic Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39292257

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 101  
(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. Ying Wang

Mailing Address 728 134th St SW Ste 120

City State Zip Code  
Everett WA 98204-5322

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

Name of Employer Occupation  
Radia, Inc. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39294088

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Anne P. Dunne

Mailing Address 102 Andrews Ct

City State Zip Code  
Lewisburg PA 17837-6510

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

Name of Employer Occupation  
Geisinger Medical Center Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39294090

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address Massachusetts General Hospital  
55 Fruit St

City State Zip Code  
Boston MA 02114-2620

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

Name of Employer Occupation  
Massachusetts General Hospital Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39294092

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 60 / 101  
(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. James Tallman

Mailing Address 1054 Greymont Cir NW

City State Zip Code  
Marietta GA 30064-1330

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39294093

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

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

Name of Employer Occupation  
Radiological Assoc. of Sa- Radiation Oncologist  
cramento

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

**Transaction ID:** 39294094

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Josie Alpers

Mailing Address 6609 E Split Rock Cir

City State Zip Code  
Sioux Falls SD 57110-1306

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

Name of Employer Occupation  
Medical X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.86

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39400862

Amount of Each Receipt this Period  
327.86

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1727.86

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

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

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

FOR LINE NUMBER: PAGE 61 / 101  
(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. Joseph Baka

Mailing Address 5104 S Daffodil Cir

City State Zip Code  
Sioux Falls SD 57108-2302

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

Name of Employer Occupation  
Medical X-Ray Center Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.86

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2011

**Transaction ID:** 39400863

Amount of Each Receipt this Period  
327.86

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Bean

Mailing Address 2301 W Barrington Cir

City State Zip Code  
Sioux Falls SD 57108-5024

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.86

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2011

**Transaction ID:** 39400864

Amount of Each Receipt this Period  
327.86

**C.** Full Name (Last, First, Middle Initial)  
Dr. Matthew Casey

Mailing Address 209 W Saint Andrews Dr

City State Zip Code  
Sioux Falls SD 57108-2952

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.86

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2011

**Transaction ID:** 39400865

Amount of Each Receipt this Period  
327.86

**SUBTOTAL** of Receipts This Page (optional) ..... ► **983.58**

**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 62 / 101

(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. Sabina Choudhry

Mailing Address Medical X-Ray  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: 39400866

Amount of Each Receipt this Period

327.86

**B.**

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

Mailing Address Medical X-Ray Center PC  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: 39400868

Amount of Each Receipt this Period

327.86

**C.**

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

Mailing Address 3001 S Bishop Jones Pl

City State Zip Code  
Sioux Falls SD 57103-4664

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: 39400869

Amount of Each Receipt this Period

327.86

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

983.58

**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 63 / 101  
(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. Edward Czarniecki		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 5108 Barrington Dr		<b>Transaction ID:</b> 39400870
City Sioux Falls	State SD	Zip Code 57108-5001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Med X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**B.**

Full Name (Last, First, Middle Initial) Dr. Susan Duffek		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 5501 S Spyglass Cir		<b>Transaction ID:</b> 39400871
City Sioux Falls	State SD	Zip Code 57108-6405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Med X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**C.**

Full Name (Last, First, Middle Initial) Dr. Kirsten Erickson		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address Medical X-Ray Center 1417 S Minnesota Ave		<b>Transaction ID:</b> 39400872
City Sioux Falls	State SD	Zip Code 57105-1783
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>983.58</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 64 / 101

(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. Gary Famestad

Mailing Address Medical X-Ray Center  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1715

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: 39401567

Amount of Each Receipt this Period

327.86
--------

**B.**

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

Mailing Address 723 E Greenbrier Pl

City State Zip Code  
Sioux Falls SD 57108-6421

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

Name of Employer Occupation  
Medical X-Ray Center Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: 39401568

Amount of Each Receipt this Period

327.86
--------

**C.**

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

Mailing Address 3551 S Spencer Blvd

City State Zip Code  
Sioux Falls SD 57103-4654

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

Name of Employer Occupation  
Medical X-Ray Center Diagnostic Radiologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 327.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: 39401569

Amount of Each Receipt this Period

327.86
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**SUBTOTAL** of Receipts This Page (optional) .....

983.58

**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 65 / 101
	<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. Michael Grant	Date of Receipt MM / DD / YYYY 03 / 23 / 2011
	Mailing Address 151 Adams Ln	<b>Transaction ID:</b> 39401570
	City State Zip Code Cody WY 82414-9234	Amount of Each Receipt this Period 327.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Medical X-Ray Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher Gregory	Date of Receipt MM / DD / YYYY 03 / 23 / 2011
	Mailing Address 5700 S Lazy Ridge Pl	<b>Transaction ID:</b> 39401571
	City State Zip Code Sioux Falls SD 57108-5235	Amount of Each Receipt this Period 327.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Med X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew Helgeson	Date of Receipt MM / DD / YYYY 03 / 23 / 2011
	Mailing Address Medical Xray Center PC 1417 S Minnesota Ave	<b>Transaction ID:</b> 39401577
	City State Zip Code Sioux Falls SD 57105-1715	Amount of Each Receipt this Period 327.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Medical X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>983.58</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 66 / 101  
(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. Michael Kihne		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address Medical X-Ray Center 1417 S Minnesota Ave		Transaction ID: 39401578
City Sioux Falls	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 327.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dr. Jonah Luzier		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 1100 Goldthread Cir		Transaction ID: 39401579
City Sioux Falls	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center, P.C.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 327.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Dr. Steven McGraw		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 27209 Fountain Cir		Transaction ID: 39401581
City Harrisburg	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 327.86
Name of Employer Med X-Ray Center, P.C.	Occupation Radiation Oncologist	Aggregate Year-to-Date 327.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	983.58
<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 67 / 101  
(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. Patrick Nelson		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address Medical X-Ray Center PC 1417 S Minnesota Ave		<b>Transaction ID:</b> 39401582
City Sioux Falls	State SD	Zip Code 57105-1783
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**B.**

Full Name (Last, First, Middle Initial) Dr. Matthew Parady		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 1417 S Minnesota Ave		<b>Transaction ID:</b> 39401583
City Sioux Falls	State SD	Zip Code 57105-1715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Med X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**C.**

Full Name (Last, First, Middle Initial) Dr. Brad Paulson		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address Medical X-Ray Center 1417 S Minnesota Ave		<b>Transaction ID:</b> 39401584
City Sioux Falls	State SD	Zip Code 57105-1783
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>983.58</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 68 / 101  
(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. J Joshua Plorde

Mailing Address 1901 S Main Ave

City State Zip Code  
Sioux Falls SD 57105-2931

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

Name of Employer Occupation  
Mayo Clinic Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 327.86

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39401585

Amount of Each Receipt this Period  
327.86

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Daryl Rife

Mailing Address 5705 S Shadow Ridge Ave

City State Zip Code  
Sioux Falls SD 57108-2006

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

Name of Employer Occupation  
Med X-Ray Center, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 327.86

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39401586

Amount of Each Receipt this Period  
327.86

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kathleen L. Schneekloth

Mailing Address 2005 S Pendar Lane

City State Zip Code  
Sioux Falls SD 57105-3022

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

Name of Employer Occupation  
Medical X-Ray Center, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 327.86

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39401593

Amount of Each Receipt this Period  
327.86

**SUBTOTAL** of Receipts This Page (optional) ..... ► **983.58**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 101  
(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. Randal Welter		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 1004 E Tomar Rd		<b>Transaction ID:</b> 39401596
City Sioux Falls	State SD	Zip Code 57105-7010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**B.**

Full Name (Last, First, Middle Initial) Dr. Terry Yeager		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 2800 S Old Orchard Cir		<b>Transaction ID:</b> 39401609
City Sioux Falls	State SD	Zip Code 57103-4339
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

**C.**

Full Name (Last, First, Middle Initial) Dr. Khalil Yousef		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 5120 S Twinleaf Dr		<b>Transaction ID:</b> 39401610
City Sioux Falls	State SD	Zip Code 57108-2843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.86
Name of Employer Medical X-Ray Center, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>983.58</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 70 / 101

(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. Geoffrey Smith		Date of Receipt																				
	Mailing Address Casper Medical Imaging 419 S Washington St Ste 101		<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>3</td><td></td><td>2</td><td>3</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	3		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	3		2	0	1	1													
	City Casper State WY Zip Code 82601-2951		<b>Transaction ID:</b> 39401681																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00																					
Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph McGinley		Date of Receipt																				
	Mailing Address 5910 S Cedar St		<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>3</td><td></td><td>2</td><td>3</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	3		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	3		2	0	1	1													
	City Casper State WY Zip Code 82601-6244		<b>Transaction ID:</b> 39401682																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																					
Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Frederick Cubin		Date of Receipt																				
	Mailing Address 2435 Fairdale Ave		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>3</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	3		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	3		2	0	1	1													
	City Casper State WY Zip Code 82601-5195		<b>Transaction ID:</b> 39401683																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																					
Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</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 71 / 101  
(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. Michele Corsini

Mailing Address 5800 S Prairie View Ct

City State Zip Code  
Sioux Falls SD 57108-2002

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 ▼ 327.86

Date of Receipt: 03 / 23 / 2011  
**Transaction ID:** 39401763  
 Amount of Each Receipt this Period: 327.86

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Cheri Canon

Mailing Address 1533 Woodridge Pl

City State Zip Code  
Birmingham AL 35216-1657

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

Name of Employer: U of Alabama School of Med Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 23 / 2011  
**Transaction ID:** 39406735  
 Amount of Each Receipt this Period: 1000.00

**C.**

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

Mailing Address 7138 Currin Dr

City State Zip Code  
Dallas TX 75230-3646

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

Name of Employer: Radiology Consultants of North Dallas Occupation: Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 23 / 2011  
**Transaction ID:** 39406737  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1827.86**

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

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

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

FOR LINE NUMBER: PAGE 72 / 101  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 27 Amargosa

City Irvine State CA Zip Code 92602-2455

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

Name of Employer Newport Harbor Radiology Associates Me Occupation Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011  
**Transaction ID:** 39452792  
 Amount of Each Receipt this Period 250.00

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

Mailing Address 195 Grogans Lake Point

City Atlanta State GA Zip Code 30350-3118

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

Name of Employer Diagnostic Imaging Specialists, P.A. Occupation Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2011  
**Transaction ID:** 39458556  
 Amount of Each Receipt this Period 250.00

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

Mailing Address 728 134th St SW Ste 120

City Everett State WA Zip Code 98204-5322

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2011  
**Transaction ID:** 39458559  
 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 73 / 101

(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 LeQuire

Mailing Address 2055 Myrtlewood Dr

City State Zip Code  
Montgomery AL 36111-1003

FEC ID number of contributing federal political committee. C

Name of Employer  
Montgomery Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 31 / 2011

**Transaction ID:** 39458562

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 2415 Eagle Cir

City State Zip Code  
Bettendorf IA 52722-6202

FEC ID number of contributing federal political committee. C

Name of Employer  
Radiology Group PC SC

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 31 / 2011

**Transaction ID:** 39458563

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1346 Whispering Maples Ct

City State Zip Code  
Ann Arbor MI 48108-2492

FEC ID number of contributing federal political committee. C

Name of Employer  
Huron Valley Radiology

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 31 / 2011

**Transaction ID:** 39458564

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 101

(check only one)

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

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

**A.**

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

Mailing Address 939 Quarter Round Road

City State Zip Code  
Pacolet SC 29372-3516

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2011

**Transaction ID:** 39458575

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 9132 E 101st PI

City State Zip Code  
Tulsa OK 74133-6912

FEC ID number of contributing federal political committee. C

Name of Employer Univ of Oklahoma Health Sci Ctr Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2011

**Transaction ID:** 39458578

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend PI

City State Zip Code  
Newburgh IN 47630-8053

FEC ID number of contributing federal political committee. C

Name of Employer Medical Center of Delaware Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2011

**Transaction ID:** 39458580

Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... 425.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 101

(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. William Ray		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 1907 Redbud Lane		<b>Transaction ID:</b> 39458583
	City Bloomington	State IL	Zip Code 61704-2773
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Bloomington Radiology SC	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>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Rawson		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address Medical College of Georgia 1120 15th St BA1414		<b>Transaction ID:</b> 39458589
	City Augusta	State GA	Zip Code 30912-0006
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
	Name of Employer Medical College of Georgia	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		<b>Transaction ID:</b> 39458596
	City Alexandria	State LA	Zip Code 71301-3606
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
	Name of Employer Central LA Imaging Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	

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

266.68

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

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

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

FOR LINE NUMBER: PAGE 76 / 101

(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 Wittry

Mailing Address 10525 Concord School Rd

City State Zip Code  
Saint Louis MO 63128-1232

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

Name of Employer Occupation  
West County Radiological Group, Inc. Cardiac Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: 39458597

Amount of Each Receipt this Period

85.00

**B.**

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

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
Lincoln MA 01773-4807

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

Name of Employer Occupation  
The Imaging Institute Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.02

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: 39458599

Amount of Each Receipt this Period

83.34

**C.**

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

Mailing Address 5209 Pulchella Drive

City State Zip Code  
Oklahoma City OK 73142-6811

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

Name of Employer Occupation  
Eagle Eye Imaging Radiology Resident

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: 39458601

Amount of Each Receipt this Period

200.00

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

368.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 77 / 101	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Martin Schwartz		Date of Receipt		
	Mailing Address Radiology Associates of Birmingham 2090 Columbiana Rd Ste 4400		M M / D D / Y Y Y Y 03 / 31 / 2011		
	City Birmingham	State AL	Zip Code 35216-2152	<b>Transaction ID:</b> 39458607	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00		
	Name of Employer Radiology Associates of Birmingham, PC		Occupation Diagnostic Radiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	96978.66

**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)  
National Republican Senatorial Committee

Transaction ID: 38779741

Date of Disbursement

Mailing Address 425 Second Street Northeast

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	1

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
National Republican Senatorial Committee

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Transaction ID: 38779742

Date of Disbursement

Mailing Address 425 Second Street Northeast

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	1

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
National Republican Senatorial Committee

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Davis For Congress/Friends Of Davis

Transaction ID: 38783699

Date of Disbursement

Mailing Address 5956 W. Race Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	1

City Chicago State IL Zip Code 60644

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2500.00
---------

Candidate Name  
Rep. Danny K. Davis

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: IL District: 07

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

12500.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee <hr/> Mailing Address 6849 Old Dominion Drive Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement <hr/> Candidate Name Blue Dog Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38783736 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 19

<b>B.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus <hr/> Mailing Address PO Box 5458 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38784032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 19

<b>C.</b> Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38785202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 38785275 Date of Disbursement 03 / 03 / 2011
	Mailing Address PO Box U	Amount of Each Disbursement this Period 2000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Phil Gingrey, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 38785472 Date of Disbursement 03 / 09 / 2011
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 2000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. James W. Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 38786036 Date of Disbursement 03 / 11 / 2011
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Brett Guthrie	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	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) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) GOP Generation Y Fund <hr/> Mailing Address PO BOX 9055 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement <hr/> Candidate Name GOP Generation Y Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38787348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Voice for Freedom <hr/> Mailing Address 2451 Cumberland Parkway Suite 326 <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement <hr/> Candidate Name Voice for Freedom <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38789399 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lee Terry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 39073164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Berg For Congress Mailing Address PO Box 9394 City Fargo State ND Zip Code 58106 Purpose of Disbursement Candidate Name Mr. Richard Berg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39073165 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Heller For Congress Mailing Address PO Box 750580 City Las Vegas State NV Zip Code 89136 Purpose of Disbursement Candidate Name Mr. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39073166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jim Renacci For Congress Mailing Address 150 Smokerise Drive City Wadsworth State OH Zip Code 44281 Purpose of Disbursement Candidate Name Mr. James Renacci Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39073167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 01</p>	<p><b>Transaction ID:</b> 39073168 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</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  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	1	1													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 06</p>	<p><b>Transaction ID:</b> 39073169 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</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  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	1	1													
1500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Gus M. Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 09</p>	<p><b>Transaction ID:</b> 39075935 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</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  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>3000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	1	1													
3000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">7000.00</td></tr></table>	7000.00
7000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress <hr/> Mailing Address P.O. Box 5130 <hr/> City Evanston State IL Zip Code 60204 Purpose of Disbursement <hr/> Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 39075995 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) 21st Century Majority Fund <hr/> Mailing Address 6065 Roswell Rd., #2274 <hr/> City Atlanta State GA Zip Code 30328 Purpose of Disbursement <hr/> Candidate Name 21st Century Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 39075996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address Box 586 <hr/> City Helena State MT Zip Code 59624 Purpose of Disbursement <hr/> Candidate Name Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 39076110 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 05</p>	<p><b>Transaction ID:</b> 39076113 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bucshon For Congress</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Larry Bucshon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 08</p>	<p><b>Transaction ID:</b> 39076116 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 08</p>	<p><b>Transaction ID:</b> 39076118 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

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

**5500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Trust Pac Team Republicans for Utilizing Sensible

Transaction ID: 39076119

Date of Disbursement

Mailing Address 2875 Towerview Road Suite 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2500.00
---------

Candidate Name  
Trust Pac Team Republicans for Utilizing Sensible

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Pete Sessions For Congress

Transaction ID: 39076122

Date of Disbursement

Mailing Address PO Box 823047

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

City Dallas State TX Zip Code 75382

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

3000.00
---------

Candidate Name  
Rep. Pete Sessions

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 32

C.

Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Transaction ID: 39076125

Date of Disbursement

Mailing Address PO Box 12612

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

City San Antonio State TX Zip Code 78212

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

3000.00
---------

Candidate Name  
Rep. Charles A. Gonzalez

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 20

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

8500.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39076225 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 3 / 1 7 / 2 0 1 1                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39076227 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 3 / 1 9 / 2 0 1 1                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Berkley For Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39076228 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 3 / 1 5 / 2 0 1 1                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">7000.00</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)

<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> Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01</p>	<p><b>Transaction ID:</b> 39076230 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)</p> <p>Mailing Address 25 East Main Street Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Every Republican Is Crucial (ERICPAC)</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) ▼ State: District:</p>	<p><b>Transaction ID:</b> 39229266 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01</p>	<p><b>Transaction ID:</b> 39229268 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

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

**12000.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pat Meehan For Congress	Transaction ID: 39229271 Date of Disbursement 03 / 09 / 2011
	Mailing Address 5035 Township Line Road PO Box 308	Amount of Each Disbursement this Period 2000.00
	City Drexel Hill State PA Zip Code 19026	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Patrick Meehan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 39229278 Date of Disbursement 03 / 16 / 2011
	Mailing Address P.O. Box 21093	Amount of Each Disbursement this Period 1500.00
	City Catonsville State MD Zip Code 21228	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Benjamin Cardin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	Transaction ID: 39229285 Date of Disbursement 03 / 10 / 2011
	Mailing Address Post Office Box 470840	Amount of Each Disbursement this Period 1500.00
	City Tulsa State OK Zip Code 74147	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Sullivan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	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) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>JOEPAC</b>	<b>Transaction ID:</b> 39229296 Date of Disbursement 03 / 17 / 2011	
	Mailing Address 62 PARADISE LANE		
	City RONKS State PA Zip Code 17572	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name JOEPAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) <b>Martin Heinrich For Congress, Inc.</b>	<b>Transaction ID:</b> 39229298 Date of Disbursement 03 / 15 / 2011	
	Mailing Address 2118 Central Avenue Se #71		
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name Rep. Martin Heinrich		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NM District: 01		
C.	Full Name (Last, First, Middle Initial) <b>Heller For Congress</b>	<b>Transaction ID:</b> 39229314 Date of Disbursement 03 / 11 / 2011	
	Mailing Address PO Box 750580		
	City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name Mr. Dean Heller		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NV District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>14000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Victory Now PAC	Transaction ID: 39229515 Date of Disbursement 03 / 08 / 2011
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 1500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Victory Now PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 39250058 Date of Disbursement 03 / 17 / 2011
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 1500.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thomas Edmunds Price, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Voice for Freedom	Transaction ID: 39300174 Date of Disbursement 03 / 22 / 2011
	Mailing Address 2451 Cumberland Parkway Suite 326	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Voice for Freedom	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 39301063 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name Rep. Thomas Edmunds Price, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 39301230 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Thomas Edmunds Price, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 39301601 Date of Disbursement
	Mailing Address 29 Ruff Circle	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. John B. Larson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Schock For Congress

Transaction ID: 39302513  
Date of Disbursement

Mailing Address PO Box 10555

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

City Peoria State IL Zip Code 61612

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1500.00
---------

Candidate Name  
Rep. Aaron Schock

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 18

B.

Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Transaction ID: 39303934  
Date of Disbursement

Mailing Address PO Box 360

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	1

City Prescott State AR Zip Code 71857

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2500.00
---------

Candidate Name  
Rep. Michael Avery Ross

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: AR District: 04

C.

Full Name (Last, First, Middle Initial)  
Kristi For Congress

Transaction ID: 39400725  
Date of Disbursement

Mailing Address PO Box 852

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

City Sioux Falls State SD Zip Code 57101

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2500.00
---------

Candidate Name  
Ms. Kristi Noem

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: SD District: 01

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

6500.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 39400772 Date of Disbursement
	Mailing Address PO Box 682185	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Marsha Blackburn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 39400775 Date of Disbursement
	Mailing Address 120 Maryland Avenue Northeast	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 39400776 Date of Disbursement
	Mailing Address 120 Maryland Avenue Northeast	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 39400777 Date of Disbursement
	Mailing Address 120 Maryland Avenue Northeast	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Sue Myrick For Congress	Transaction ID: 39418262 Date of Disbursement
	Mailing Address P.O. Box 37091	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Sue Wilkins Myrick	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NC District: 09	

C.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 39425596 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 39425598 Date of Disbursement 03 / 29 / 2011
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 2000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Joseph R. Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kinzinger For Congress	Transaction ID: 39425601 Date of Disbursement 03 / 29 / 2011
	Mailing Address PO Box 1050	Amount of Each Disbursement this Period 1500.00
	City Bourbonnais State IL Zip Code 60914	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Adam Kinzinger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 39425615 Date of Disbursement 03 / 30 / 2011
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Brett Guthrie	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	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) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Heath Shuler For Congress <hr/> Mailing Address PO Box 8446 <hr/> City Asheville State NC Zip Code 28814 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 11	Transaction ID: 39425619 Date of Disbursement 03 / 30 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Nan Hayworth <hr/> Mailing Address P. O. Box 189 <hr/> City Mount Kisco State NY Zip Code 10549 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Ms. Nan Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19	Transaction ID: 39425626 Date of Disbursement 03 / 30 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	Transaction ID: 39428556 Date of Disbursement 03 / 30 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Sue Myrick For Congress

Transaction ID: 39428680  
Date of Disbursement

Mailing Address P.O. Box 37091

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

City State Zip Code  
Charlotte NC 28237

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Rep. Sue Wilkins Myrick

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District: 09

B.

Full Name (Last, First, Middle Initial)  
Dave Camp For Congress

Transaction ID: 39428834  
Date of Disbursement

Mailing Address 5915 Eastman Avenue  
Suite 100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

City State Zip Code  
Midland MI 48640

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2000.00
---------

Candidate Name  
Rep. David Lee Camp

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 04

C.

Full Name (Last, First, Middle Initial)  
Tiberi For Congress

Transaction ID: 39428894  
Date of Disbursement

Mailing Address 2931 E Dublin Granville Road  
Suite 190

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

City State Zip Code  
Columbus OH 43231

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

3500.00
---------

Candidate Name  
Rep. Patrick J. Tiberi

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 12

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

6500.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Schock For Congress	Transaction ID: 39428896 Date of Disbursement
	Mailing Address PO Box 10555	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name Rep. Aaron Schock	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 39428907 Date of Disbursement
	Mailing Address PO Box 5458	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 39429451 Date of Disbursement
	Mailing Address 3161 Dixie Highway Suite F	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Geoffrey Davis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 101

<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)  
Kind For Congress Committee

Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Ron Kind

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify) ▼  
State: WI District: 03

**Transaction ID:** 39429452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
Value in Electing Women PAC (View PAC)

Mailing Address 701 8th Street, N.W.  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Value in Electing Women PAC (View PAC)

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

**Transaction ID:** 39429798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 101

<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: 39675623

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

2189.51

Bank Fees

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

2189.51

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

2189.51