

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2007 through 11 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DR Milton Guiberteau

Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 01 02 2008

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		365524.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	365750.44									
(c) Total Receipts (from Line 19)	64277.17	725722.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	430027.61	1091247.50								
7. Total Disbursements (from Line 31)	72073.94	733293.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	357953.67	357953.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	53555.09	617643.14
(i) Itemized (use Schedule A)	9712.67	96424.55
(ii) Unitemized	63267.76	714067.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63267.76	714067.69
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.)	1009.41	11655.04
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))	64277.17	725722.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64277.17	725722.73

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	716000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1073.94	13365.83
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))..	72073.94	733293.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72073.94	733293.83

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	63267.76	714067.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63267.76	714067.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
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	3928.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Laurence Cambron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 3912 Dogwood Pl		Transaction ID: 22134006	
City State Zip Code Mount Vernon WA 98274-8750	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Skagit Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. James LaManna		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 513 Clarion Drive		Transaction ID: 22134007	
City State Zip Code Gillette WY 82718-7596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gillette Medical Imaging, 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		

Full Name (Last, First, Middle Initial) C. Dr. John Eklund		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 1622 Linner Rd		Transaction ID: 22134009	
City State Zip Code Wayzata MN 55391-2214	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Center for Diagnostic Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Center for Diagnostic Imaging
5775 Wayzata Blvd Ste 190

City State Zip Code
Saint Louis Park MN 55416-1236

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

Name of Employer Center for Diagnostic Imaging (CDI) Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134052

Amount of Each Receipt this Period
250.00

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

Mailing Address 13516 Osage Orange Rd NE

City State Zip Code
Albuquerque NM 87111-8217

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

Name of Employer X-Ray Assoc. of NM Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134054

Amount of Each Receipt this Period
500.00

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

Mailing Address 2195 Como Ave

City State Zip Code
Saint Paul MN 55108-1812

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

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

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

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134055

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Byron May		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Wellmont Holston Valley Hosp 130 W Ravine Rd		Transaction ID: 22134058
City Kingsport State TN Zip Code 37660-3831	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Radiation Oncologist Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Douglas May		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 467 Maple Ln		Transaction ID: 22134122
City Danville State VA Zip Code 24541-3531	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Danville Radiologist Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Tie Ong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Dept of Radiology 700 W Grove St		Transaction ID: 22134123
City El Dorado State AR Zip Code 71730-4416	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Union Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Childrens Hospital
1600 7th Ave S

City Birmingham State AL Zip Code 35233-1785

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

Name of Employer Children's Hospital Occupation Pediatric Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134124

Amount of Each Receipt this Period
250.00

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

Mailing Address 1337 S 101st St Apt 107

City Omaha State NE Zip Code 68124-1095

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

Name of Employer CU Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134125

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1424 N Laurel Ave

City Upland State CA Zip Code 91786-2765

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

Name of Employer San Antonio Radiological Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 22134126

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 6401 Worchester Drive

City State Zip Code
Nashville TN 37221-3709

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

Name of Employer
Advanced Diagnostic Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134205

Amount of Each Receipt this Period
500.00

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

Mailing Address Apt 303
2059 E Wyndham Hill Dr NE

City State Zip Code
Grand Rapids MI 49505-6358

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

Name of Employer
Advanced Radiology Services

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 Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134208

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3680 Broadway

City State Zip Code
Fort Myers FL 33901-8005

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

Name of Employer
Radiology Regional Center

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22149299

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin Woolley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 12007 E Ida Cir		Transaction ID: 22149302
City State Zip Code Englewood CO 80111-4128	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Colorado Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Tammam Nehme		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 942 Briarwood Dr		Transaction ID: 22149304
City State Zip Code East Wenatchee WA 98802-8303	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radia	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Patricia Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 18 Captains Crossing		Transaction ID: 22149728
City State Zip Code Savannah GA 31411-2104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Coast Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John Harding		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 702 Tranquility Turn		Transaction ID: 22149730
City State Zip Code Marlton NJ 08053-5337	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Jersey Radiology As- soc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. A Joseph Borelli, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 15 Bear Island Rd		Transaction ID: 22150356
City State Zip Code Hilton Head Island SC 29926-1955	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MRI at Belfair	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Veena Mathur		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Diagnostic Rad of Anderson 211 S Main St		Transaction ID: 22150357
City State Zip Code Anderson SC 29624-1620	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Diagnostic Radiology of Anderson	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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 95						
	(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

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel Schwartzberg		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1250 McLynn Ave NE		Transaction ID: 22227917	
City State Zip Code Atlanta GA 30306-2530	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Baptist Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Dr. Harold White		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7	
Mailing Address 2477 Sourek Rd		Transaction ID: 22245772	
City State Zip Code Akron OH 44333-2928	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology & Imaging Services, 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		

Full Name (Last, First, Middle Initial) C. Dr. James Johnson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7	
Mailing Address 401 Mocksville Ave Ste 100		Transaction ID: 22245773	
City State Zip Code Salisbury NC 28144-2737	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Radiological Associates, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	905.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 7538 SW Blue Inn Place

City State Zip Code
Topeka KS 66614-4674

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

Name of Employer
Radiology & Nuclear Medicine, LLC

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246304

Amount of Each Receipt this Period
365.00

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

Mailing Address 3 Crown Way

City State Zip Code
Marblehead MA 01945-2708

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246325

Amount of Each Receipt this Period
500.00

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

Mailing Address 1301 W Dumbarton Dr

City State Zip Code
Lake Charles LA 70605-2558

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

Name of Employer
Radiology Associates of Southwest LA

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
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246326

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Charles Requard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address 4251 N Bear Claw Way		Transaction ID: 22246335
City State Zip Code Tucson AZ 85749-9600	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott Lewis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address 1300 11th St SW		Transaction ID: 22246337
City State Zip Code Minot ND 58701-5744	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	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carlos Bazan, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address 310 Tamworth Dr		Transaction ID: 22246338
City State Zip Code San Antonio TX 78213-1941	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Texas Health Science Ctr. Occupation Neuroradiologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Herbert Hamilton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address 4707 Mossy Oak Trl		Transaction ID: 22246343
City State Zip Code Rogers AR 72758-8648	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest Arkansas Rad. Assoc., 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	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Humphrey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address PO Box 249		Transaction ID: 22246348
City State Zip Code Goodlettsville TN 37070-0249	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Diagnostic Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Dunkle		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address 6671 Boxcar Pl		Transaction ID: 22246349
City State Zip Code Indianapolis IN 46220-1786	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Radiology Partners, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4788 Copperstone Dr

City State Zip Code
Ames IA 50010-9395

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

Name of Employer Occupation
McFarland Clinic, 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 Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255426

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 10068

City State Zip Code
Blacksburg VA 24062-0068

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

Name of Employer Occupation
Carilion Medical Group Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255429

Amount of Each Receipt this Period
250.00

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

Mailing Address 2549 Lake Ridge Cir

City State Zip Code
Wichita KS 67205-1320

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

Name of Employer Occupation
Wichita Radiology Group 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 Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255439

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marc Chitty		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 3603 Park Ln S		Transaction ID: 22255440
City State Zip Code Birmingham AL 35213-4433	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Lang		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 180 E End Ave Apt 49A		Transaction ID: 22255444
City State Zip Code New York NY 10128-7763	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Progressive Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Mayer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 2812 Bear Island Pointe		Transaction ID: 22255445
City State Zip Code Winter Park FL 32792-9426	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Space Coast 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	

SUBTOTAL of Receipts This Page (optional) ▶	980.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Benjamin Conner

Mailing Address 2720 Nottingham St

City State Zip Code
Houston TX 77005-2422

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

Name of Employer
St. Joseph Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22255446

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven Leonard

Mailing Address PO Box 4975

City State Zip Code
Tulsa OK 74159-0975

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

Name of Employer
Radiology Consultants of Tulsa

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22255447

Amount of Each Receipt this Period
400.00

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

Mailing Address 21 Lynwood Dr

City State Zip Code
Battle Creek MI 49015-7911

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

Name of Employer
Radiology Consultants PC

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22255477

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. E Hunter Welles, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 6 Northwood Ave		Transaction ID: 22255478	
City State Zip Code Jackson TN 38301-4450	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jackson Radiology Associa-tes	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Donald Risinger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 3521 Lake Heights Dr		Transaction ID: 22255480	
City State Zip Code Waco TX 76708-1005	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hillcrest Baptist Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr. Martin Black		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address Hendersonville Radiological Consul 807 N Justice St		Transaction ID: 22255544	
City State Zip Code Hendersonville NC 28791-3409	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pardee Hospital	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) ▶	1865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Eric Russell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address Northwestern Radiology 676 N Saint Clair St Ste 800		Transaction ID: 22255550
City Chicago	State IL	Zip Code 60611-2978
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern Memorial Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James Schlund		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 3257 Shadybrook Ln		Transaction ID: 22255551
City Chico	State CA	Zip Code 95928-3984
Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		
Name of Employer North State Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard H. Daffner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address Allegheny General Hospital 320 E North Ave		Transaction ID: 22255552
City Pittsburgh	State PA	Zip Code 15212-4772
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Allegheny General 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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City State Zip Code
Jamestown NC 27282-8444

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

Name of Employer High Point Radiological Services
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22256113

Amount of Each Receipt this Period
250.00

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

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 Radiology Associates, P.A.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22256129

Amount of Each Receipt this Period
500.00

C. 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 Wichita Radiological Group PA
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 22256354

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. William Fife		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 256 NW Pacific Grove Dr		Transaction ID: 22256356	
City State Zip Code Beaverton OR 97006-8352		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation LAC/USC Hospital 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. Thomas Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 21 Flagship Cv		Transaction ID: 22256357	
City State Zip Code Greensboro NC 27455-3428		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Greensboro Radiology PA 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. Curtis Poor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 2415 Eagle Cir		Transaction ID: 22256358	
City State Zip Code Bettendorf IA 52722-6202		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Radiology Group PC SC Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 2117 Cleveland Street Ext

City State Zip Code
Greenville SC 29607-3649

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

Name of Employer Greenville Radiology, PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282848

Amount of Each Receipt this Period
50.00

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

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-5021

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

Name of Employer Cleveland Clinic Foundation Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282849

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Murray Becker

Mailing Address 56 Independence Dr

City State Zip Code
East Brunswick NJ 08816-3286

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282850

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 95						
	(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

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 5624 Laurium Rd		Transaction ID: 22282851	
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) B. Dr. David Buck		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 144 Penhurst Dr		Transaction ID: 22282852	
City State Zip Code Pittsburgh PA 15235-5320	Amount of Each Receipt this Period 30.42		
FEC ID number of contributing federal political committee. C			
Name of Employer Greensburg X-Ray Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 712.94		

Full Name (Last, First, Middle Initial) C. Dr. Gary Geil		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address Heritage Medical Bldg 1100 N Tustin Ave		Transaction ID: 22282854	
City State Zip Code Santa Ana CA 92705-3509	Amount of Each Receipt this Period 40.00		
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 ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3206 Saint Johns Dr

City State Zip Code
Dallas TX 75205-2919

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

Name of Employer Occupation
Self-employed Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282855

Amount of Each Receipt this Period
50.00

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

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5494

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

Name of Employer Occupation
Gundersen Lutheran Clinic Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 458.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282856

Amount of Each Receipt this Period
41.67

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

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

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Occupation
Rad Assoc of Birmingham PC Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282902

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	191.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Douglas Picton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 1911 NC Highway 121		Transaction ID: 22282903
City State Zip Code Greenville NC 27834-7187	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Dr. Stuart Markowitz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 66 Berwyn Road		Transaction ID: 22282904
City State Zip Code West Hartford CT 06107-1104	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel Cohen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 1480 Brookfield Road		Transaction ID: 22282905
City State Zip Code Yardley PA 19067-3930	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Affiliates of Central NJ	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Tripp		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 751 Lexington Dr		Transaction ID: 22282906	
City State Zip Code Greenville NC 27834-0508	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Dr. Kent Lancaster		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address Radiology Associates of Berrien 416 State St Ste A		Transaction ID: 22282910	
City State Zip Code Saint Joseph MI 49085-1250	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Berrie	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00		

Full Name (Last, First, Middle Initial) C. Dr. Eric M. Martin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 1818 Bloomsbury Rd		Transaction ID: 22282911	
City State Zip Code Greenville NC 27858-9612	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional) ▶	122.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Roger Vithalani		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 516 Chesapeake Place		Transaction ID: 22282912	
City Greenville	State NC	Zip Code 27858-0678	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Mewborne		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 1702 S Thames Ct		Transaction ID: 22282913	
City Greenville	State NC	Zip Code 27858-8130	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Dr. Douglas Montgomery		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 109 Foxcroft Rd		Transaction ID: 22282914	
City West Hartford	State CT	Zip Code 06119-1018	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James Eisenberg		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address The Defiance Clinic 1400 E 2nd St		Transaction ID: 22282931	
City Defiance State OH Zip Code 43512-2494		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Clinic Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Dr. Eric Sax		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 9 Old Sudbury Rd		Transaction ID: 22282932	
City Lincoln State MA Zip Code 01773-4807		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C			
Name of Employer The Imaging Institute Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) C. Dr. Jorge Albin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 645 Mulberry Ln		Transaction ID: 22282933	
City Bellaire State TX Zip Code 77401-3803		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer St Joseph Radiology Associates Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.37	

SUBTOTAL of Receipts This Page (optional) ▶	225.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph Lurito		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 22282934
City Greenville State NC Zip Code 27834-2801	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. H E. Longmaid, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 52 Harwich Rd		Transaction ID: 22282935
City Chestnut Hill State MA Zip Code 02467-3023	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 459.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Demetrius Morros		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 1045 Lake Colony Ln		Transaction ID: 22283150
City Birmingham State AL Zip Code 35242-7402	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 916.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	175.01
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Glenn Hananouchi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 1545 E La Quinta Dr		Transaction ID: 22283153
City State Zip Code Fresno CA 93730-4525	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Leibel		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 19 Woodleaf Ave		Transaction ID: 22283154
City State Zip Code Redwood City CA 94061-1823	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Stanford University	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Dr. Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		Transaction ID: 22283168
City State Zip Code Warren MI 48093-3494	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Diagnostic Radiology Consultants, PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Rita Freimanis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd		Transaction ID: 22283169
City Winston Salem State NC Zip Code 27157-1088	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Forest Univ Sch of Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Lavelle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 12103 Woodcliff Ln		Transaction ID: 22283170
City Charlotte State NC Zip Code 28277-3033	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Mittl, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 4733 Coburn Court		Transaction ID: 22283171
City Charlotte State NC Zip Code 28277-2593	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional)	107.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Leonard Zawodniak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 1439 Garrett Dr		Transaction ID: 22283174	
City State Zip Code Wall Township NJ 07719-9648		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jersey Shore Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. Joel Swartz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 1210 Page Ter		Transaction ID: 22283175	
City State Zip Code Villanova PA 19085-2132		Amount of Each Receipt this Period 50.00	
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Janet Storella		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 6515 Fallwind Ln		Transaction ID: 22292114	
City State Zip Code Bethesda MD 20817-4941		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Grover, Christie & Merritt		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Janet Storella		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 6515 Fallwind Ln		Transaction ID: 22292115	
City State Zip Code Bethesda MD 20817-4941		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Grover, Christie & Merritt		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Chang		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200		Transaction ID: 22292116	
City State Zip Code Mesa AZ 85204-5045		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C			
Name of Employer EVDI Medical Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kevin Duwe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200		Transaction ID: 22292117	
City State Zip Code Mesa AZ 85204-5045		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C			
Name of Employer EVDI 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	

SUBTOTAL of Receipts This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Craig Hancock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292118
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Hu		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292120
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. William Jacoby		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292121
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional) ▶	845.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. L Michelle Jennings

Mailing Address 2661 W Erie St

City State Zip Code
Chandler AZ 85224-4153

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292122

Amount of Each Receipt this Period
195.00

B. Full Name (Last, First, Middle Initial)
Dr. Asim Khwaja

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 200

City State Zip Code
Mesa AZ 85204-5045

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

Name of Employer Occupation
EVDI Medical Imaging 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 Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292123

Amount of Each Receipt this Period
260.00

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

Mailing Address 9770 E Mission Ln

City State Zip Code
Scottsdale AZ 85258-5619

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

Name of Employer Occupation
EVDI Medical Imaging 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 Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292124

Amount of Each Receipt this Period
260.00

SUBTOTAL of Receipts This Page (optional)	▶	715.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Steven Malchow Mailing Address 10598 E Sheena Dr City State Zip Code Scottsdale AZ 85255-1745 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292125 Amount of Each Receipt this Period 200.00
Name of Employer Occupation EVDI Medical Imaging Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Dr. John McGill Mailing Address 9318 E Flathorn Dr City State Zip Code Scottsdale AZ 85255-6607 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292126 Amount of Each Receipt this Period 260.00
Name of Employer Occupation EVDI Medical Imaging Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Joel Rainwater Mailing Address 9820 E Thompson Peak Pkwy Unit 828 City State Zip Code Scottsdale AZ 85255-6663 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292127 Amount of Each Receipt this Period 260.00
Name of Employer Occupation EVDI Medical Imaging Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	720.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Brent Saunders		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292128
City Mesa State AZ Zip Code 85204-5046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00
Name of Employer EVDI Medical Imaging Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joel Schein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292129
City Mesa State AZ Zip Code 85204-5046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00
Name of Employer EVDI Medical Imaging Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Mari Schenk		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 15114 E Ridgeway Dr		Transaction ID: 22292130
City Fountain Hills State AZ Zip Code 85268-4842	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 325.00
Name of Employer EVDI Medical Imaging Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	▶	845.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marvin Silvey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 22292131
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Slepian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 9664 E Davenport Dr		Transaction ID: 22292132
City State Zip Code Scottsdale AZ 85260-1426	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Elizabeth Brooke Spencer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 26555 N 86th St		Transaction ID: 22292133
City State Zip Code Scottsdale AZ 85255-1460	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI 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	

SUBTOTAL of Receipts This Page (optional) ▶	780.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Marvin Tam		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists LTD 1125 E Southern Ave Ste 200		Transaction ID: 22292134
City State Zip Code Mesa AZ 85204-5045	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI 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. Full Name (Last, First, Middle Initial) Dr. Thuy Vo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address East Valley Diagnostic Imaging 1125 E Southern Ave Ste 300		Transaction ID: 22292135
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 195.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C. Full Name (Last, First, Middle Initial) Dr. Harold Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 16420 E Houston Avenue		Transaction ID: 22292136
City State Zip Code Gilbert AZ 85234-4024	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI 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	

SUBTOTAL of Receipts This Page (optional) ▶	715.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Stephanie Wang		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 3415 E Harvard Ave		Transaction ID: 22292137
City State Zip Code Gilbert AZ 85234-2220	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc Weinstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 8379 E Tailfeather Dr		Transaction ID: 22292138
City State Zip Code Scottsdale AZ 85255-6459	Amount of Each Receipt this Period 195.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) C. Dr. John Booker, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 308		Transaction ID: 22292153
City State Zip Code Hickory NC 28603-0308	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Catawba Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.66	

SUBTOTAL of Receipts This Page (optional) ▶	605.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Steven Harlan		Date of Receipt
Mailing Address PO Box 308		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
City State Zip Code Hickory NC 28603-0308		Transaction ID: 22292154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.66	

B. Full Name (Last, First, Middle Initial) Dr. Janet Szabo		Date of Receipt
Mailing Address 991 18th Avenue Cir NW		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
City State Zip Code Hickory NC 28601-1200		Transaction ID: 22292155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.66	

C. Full Name (Last, First, Middle Initial) Dr. Nicholas Frankel		Date of Receipt
Mailing Address PO Box 9470		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
City State Zip Code Hickory NC 28603-9470		Transaction ID: 22292156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.66	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 95

(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

A. Full Name (Last, First, Middle Initial) Dr. John Bools		Date of Receipt <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>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	7													
Mailing Address Catawba Radiological Assoc 18 13th Ave NE		Transaction ID: 22292157																				
City State Zip Code Hickory NC 28601-3748	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">150.00</td> </tr> </table>		150.00																			
150.00																						
FEC ID number of contributing federal political committee. <input type="text" value="C"/>																						
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">656.67</td> </tr> </table>		656.67																			
656.67																						

B. Full Name (Last, First, Middle Initial) Dr. Charles Scheil		Date of Receipt <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>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	7													
Mailing Address 281 44th Avenue Cir NW		Transaction ID: 22292158																				
City State Zip Code Hickory NC 28601-9016	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">150.00</td> </tr> </table>		150.00																			
150.00																						
FEC ID number of contributing federal political committee. <input type="text" value="C"/>																						
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">291.67</td> </tr> </table>		291.67																			
291.67																						

C. Full Name (Last, First, Middle Initial) Dr. Alan Massengill		Date of Receipt <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>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	7													
Mailing Address Catawba Radiological Assoc PO Box 308		Transaction ID: 22292159																				
City State Zip Code Hickory NC 28603-0308	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">150.00</td> </tr> </table>		150.00																			
150.00																						
FEC ID number of contributing federal political committee. <input type="text" value="C"/>																						
Name of Employer Catawba Radiological Associates	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">291.67</td> </tr> </table>		291.67																			
291.67																						

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Jacobs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 3818 11th Street PI NE		Transaction ID: 22292160	
City State Zip Code Hickory NC 28601-8420		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Catawba Radiological Associates, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.67	

Full Name (Last, First, Middle Initial) B. Dr. Michael Seshul, SR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 1009 13th Avenue PI NW		Transaction ID: 22292161	
City State Zip Code Hickory NC 28601-2300		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Catawba Radiological Associates, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.67	

Full Name (Last, First, Middle Initial) C. Dr. Eric Rautiola		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address PO Box 308		Transaction ID: 22292162	
City State Zip Code Hickory NC 28603-0308		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Catawba Radiological Associates, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.67	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City State Zip Code
Hickory NC 28601-7318

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

Name of Employer Occupation
Boston Medical Center Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292163

Amount of Each Receipt this Period
150.00

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

Mailing Address 147 Winwood Cir

City State Zip Code
Granite Falls NC 28630-9558

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

Name of Employer Occupation
Catawba Radiological Association Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292164

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen I. Abedon

Mailing Address 222 West 39th Avenue

City State Zip Code
San Mateo CA 94403-4364

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

Name of Employer Occupation
California Advanced Imaging Medical As Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292165

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Diana Baker

Mailing Address 335 Ambar Way

City State Zip Code
Menlo Park CA 94025-5801

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292166

Amount of Each Receipt this Period
75.00

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

Mailing Address California Pacific Medical Ctr
PO Box 7999

City State Zip Code
San Francisco CA 94120-7999

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292167

Amount of Each Receipt this Period
75.00

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

Mailing Address 2840 Mariposa Dr

City State Zip Code
Burlingame CA 94010-5735

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

Name of Employer California Advanced Imaging, M.A.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292168

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Vincent Burke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Sequoia Hospital 170 Alameda de las Pulgas		Transaction ID: 22292169
City State Zip Code Redwood City CA 94062-2799	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging Medical As	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Daryl Chinn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 115 Kreuzer Ln		Transaction ID: 22292171
City State Zip Code Napa CA 94559-3605	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging Medical As	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dr. William James DeMartini		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 126 Terrace Ave		Transaction ID: 22292172
City State Zip Code Kentfield CA 94904-1531	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging Medical As	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 402 Median Way

City State Zip Code
Mill Valley CA 94941-3561

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292173

Amount of Each Receipt this Period
75.00

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

Mailing Address 487 Green Glen Way

City State Zip Code
Mill Valley CA 94941-4018

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292174

Amount of Each Receipt this Period
75.00

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

Mailing Address 817 Lathrop Dr

City State Zip Code
Stanford CA 94305-1054

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

Name of Employer California Advanced Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292175

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 95
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 850 Chiltern Rd

City Hillsborough State CA Zip Code 94010-7028

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292176

Amount of Each Receipt this Period
75.00

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

Mailing Address CA Advanced Imaging Med Assoc Inc
1260 S Eliseo Dr

City Greenbrae State CA Zip Code 94904-2009

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292177

Amount of Each Receipt this Period
75.00

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

Mailing Address PO Box 6102

City Novato State CA Zip Code 94948-6102

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292178

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 95
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Gregory Lim Mailing Address 1552 Los Montes Dr City State Zip Code Burlingame CA 94010-5964 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292180 Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging 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. Jay Mall Mailing Address 2151 Laguna St Apt 3 City State Zip Code San Francisco CA 94115-2332 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292181 Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging Medical As 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. David Marcus Mailing Address 503 Georgetown Ave City State Zip Code San Mateo CA 94402-2253 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22292182 Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Kathleen McKenna

Mailing Address 154 Gramercy Dr

City State Zip Code
San Mateo CA 94402-1215

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292183

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Dr. Kirk Moon, JR

Mailing Address 1642 16th Ave

City State Zip Code
San Francisco CA 94122-3527

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292184

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Dr. Adam Nevitt

Mailing Address 22 Balclutha Dr

City State Zip Code
Corte Madera CA 94925-1944

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292185

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 25 Wolfe Glen Way

City State Zip Code
Kentfield CA 94904-1004

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292186

Amount of Each Receipt this Period
75.00

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

Mailing Address California Pacific Medical Ctr
PO Box 7999

City State Zip Code
San Francisco CA 94120-7999

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292187

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Dr. Damon Sacco

Mailing Address 105 Santa Rosa Ave

City State Zip Code
Sausalito CA 94965-2049

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292188

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1465 Crystal Dr

City Hillsborough State CA Zip Code 94010-7309

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292189

Amount of Each Receipt this Period
75.00

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

Mailing Address 61 Chanticleer St

City Larkspur State CA Zip Code 94939-1515

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292190

Amount of Each Receipt this Period
75.00

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

Mailing Address 815 Vista Rd

City Hillsborough State CA Zip Code 94010-6965

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292191

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Susan Stevens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 1040 Bridle Way		Transaction ID: 22292192	
City Hillsborough State CA Zip Code 94010-7406		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cal Advanced Imaging Med. Assoc. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Wheat		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Sequoia Hospital 170 Alameda De Las Pulgas		Transaction ID: 22292193	
City Redwood City State CA Zip Code 94062-2799		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. John Wilson, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 15 Arcadia Pl		Transaction ID: 22292194	
City Hillsborough State CA Zip Code 94010-7010		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 180 Manchester St

City State Zip Code
San Francisco CA 94110-5217

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292195

Amount of Each Receipt this Period
75.00

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

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

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

Name of Employer Center Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292196

Amount of Each Receipt this Period
45.00

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

Mailing Address 729 Yorktown Ln

City State Zip Code
Moorestown NJ 08057-4416

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

Name of Employer South Jersey Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292251

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 290 Ames Cir

City State Zip Code
Huntingdon Valley PA 19006-7976

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 22292252

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 405

City State Zip Code
Irwin PA 15642-0405

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

Name of Employer R&R Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 22294432

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Roy Moss

Mailing Address 2710 Jeremy Ct Apt C

City State Zip Code
Baltimore MD 21209-3018

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

Name of Employer American Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 22294434

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Fred Vernachia		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1100 Monterey St Ste 210		Transaction ID: 22294435
City State Zip Code San Luis Obispo CA 93401-3102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer San Luis Diagnostic Center, L.P.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John Bolen, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Galax Radiology 110 Valley St		Transaction ID: 22294439
City State Zip Code Galax VA 24333-2224	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mountain Empire Rad Consultant	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter Arger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Univ of Pennsylvania Hospital 3400 Spruce St		Transaction ID: 22294440
City State Zip Code Philadelphia PA 19104-4274	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Pennsylvania 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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Dale Sponaugle

Mailing Address 175 Koster Row

City State Zip Code
Amherst NY 14226-3444

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) ▼ 365.00

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

Transaction ID: 22294442

Amount of Each Receipt this Period
365.00

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

Mailing Address 2100 S Border Ave

City State Zip Code
Inverness FL 34452-3707

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

Name of Employer Occupation
Citrus Radiology Associates 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
1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294943

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Neal Abdullah

Mailing Address 3115 Forrester S

City State Zip Code
Bloomington IN 47401-2404

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

Name of Employer Occupation
Indiana U Sch of Med/U Hosp 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
1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294944

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 72 Golf Ln

City State Zip Code
Ridgefield CT 06877-4838

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

Name of Employer Danbury Radiological Association
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 22294945

Amount of Each Receipt this Period
365.00

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

Mailing Address 3137 Marlin Dr

City State Zip Code
Longmont CO 80503-7892

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

Name of Employer Rocky Mountain Medical Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 22294947

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City State Zip Code
Seattle WA 98177-4243

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

Name of Employer Radia, Inc.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2007

Transaction ID: 22408914

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. John Limbacher, II		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address Putnam Radiology PC 315 N Washington Ave Ste 209		Transaction ID: 22408916
City State Zip Code Cookeville TN 38501-2660	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Putnam Radiology, PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Dr. Michael SanDretto		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 467 Hawthorne St		Transaction ID: 22408917
City State Zip Code Neenah WI 54956-4662	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Fox Valley	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. Charles Heller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 280 Whites Hill Ln		Transaction ID: 22408922
City State Zip Code Fairfield CT 06824-2176	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Radiology Consultants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Cathrine Keller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 30049 Johnsons Point Rd		Transaction ID: 22408923	
City State Zip Code Leesburg FL 34748-9214		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Central FL		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Mark Dannenbaum		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 9 Shingle Oak Dr		Transaction ID: 22408925	
City State Zip Code Voorhees NJ 08043-1553		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer South Jersey Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dr. Brian Petersen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 1645 Olive St		Transaction ID: 22408926	
City State Zip Code Denver CO 80220-1823		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rocky Mountain 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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. H Kim		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 4701 Connecticut Ave NW Apt 406		Transaction ID: 22408927	
City State Zip Code Washington DC 20008-5625	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Drs. Groover, Christie, & Merritt	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Paul Leehey, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 414 29th St S		Transaction ID: 22408955	
City State Zip Code La Crosse WI 54601-6013	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gunderson/Lutheran Hosp	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Roesch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 8325 Rudder Falls Way		Transaction ID: 22408956	
City State Zip Code Knoxville TN 37919-9034	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Vista Radiology, P.C.	Occupation Interventional 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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Victor Marcial Mailing Address PO Box 360816 City San Juan State PR Zip Code 00936-0816 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408957 Amount of Each Receipt this Period 500.00
Name of Employer Hospital of Auxilio Mufuo 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. Mark McCaslin Mailing Address 6919 Providence Estates Dr S City Mobile State AL Zip Code 36695-4601 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408958 Amount of Each Receipt this Period 250.00
Name of Employer 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. Robert Hannon Mailing Address Salem Radiology 23 Stiles Rd City Salem State NH Zip Code 03079-4868 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408963 Amount of Each Receipt this Period 365.00
Name of Employer Salem Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Pugh, JR

Mailing Address 3547 Lakeshore Dr

City Kingsport State TN Zip Code 37663-3372

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

Name of Employer Blue Ridge Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408964

Amount of Each Receipt this Period
 500.00

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

Mailing Address Saint Francis Hospital
6161 S Yale Ave

City Tulsa State OK Zip Code 74136-1902

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

Name of Employer Radiology Consultants of Tulsa Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408966

Amount of Each Receipt this Period
 365.00

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

Mailing Address 4501 Jewelwood Ct

City Peoria State IL Zip Code 61615-8935

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

Name of Employer Methodist Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408969

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Mark Salerno Mailing Address 101 Alder Lane City State Zip Code Franklin PA 16323-1801 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408970 Amount of Each Receipt this Period 250.00
Name of Employer: University of Pennsylvania Medical Cen 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. Mark Bernardy Mailing Address 1031 Jimson Dr SE City State Zip Code Conyers GA 30013-2064 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520186 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 ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Dr. Bernard Masters, III Mailing Address 6 Misty Ln City State Zip Code Greenville SC 29615-6048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520187 Amount of Each Receipt this Period 250.00
Name of Employer: Medical Univ of South Carolin 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)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John Hutchison, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 129 Lick Branch Rd		Transaction ID: 22520188	
City State Zip Code Bristol TN 37620-4516	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Ridge 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		

Full Name (Last, First, Middle Initial) B. Dr. Clifford Douglas Phillips		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 4630 Mockernut Ln		Transaction ID: 22520189	
City State Zip Code Earlysville VA 22936-9699	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UVA Health Systems	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Dr. Steven Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 23 Moffat Rd		Transaction ID: 22520193	
City State Zip Code Waban MA 02468-1112	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Newton Wellesley Hosp	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Raskin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 144 N Sewalls Point Rd		Transaction ID: 22520194	
City State Zip Code Sewalls Point FL 34996-6502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michael M. Raskin, 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		

Full Name (Last, First, Middle Initial) B. Dr. Paul Ellenbogen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 6612 Cliffbrook Dr		Transaction ID: 22520195	
City State Zip Code Dallas TX 75254-8613	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southwest Imaging & Inter-ven specialis	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark Yuhasz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 3203 Horsehead Bay Dr NW		Transaction ID: 22520196	
City State Zip Code Gig Harbor WA 98335-5854	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tacoma Radiology Associat-es	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		Transaction ID: 22520266
City State Zip Code Pittsburgh PA 15206-3780	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Weinstein Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) B. Dr. Raja Cheruvu		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 165 Via Foresta Ln		Transaction ID: 22520267
City State Zip Code Williamsville NY 14221-1984	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dr. Rife Huckabee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 3720 Rabbit Creek Ct		Transaction ID: 22520268
City State Zip Code Theodore AL 36582-2505	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Mobile	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	241.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 7 Foxglove Ct

City State Zip Code
Greenville SC 29615-5505

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520269

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

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

Name of Employer Coastal Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520270

Amount of Each Receipt this Period
100.00

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

Mailing Address 738 Lexington Dr

City State Zip Code
Greenville NC 27834-0507

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520271

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	182.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Kerry Chandler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 4100 Mullcroft PI		Transaction ID: 22520272
City State Zip Code Fuquay Varina NC 27526-8658	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Radiology Consultants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James Hiken		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 7109 Cove Pointe PI		Transaction ID: 22520273
City State Zip Code Prospect KY 40059-9680	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Diag. Imaging Alliance of Louisville	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward Sullivan, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400		Transaction ID: 22520274
City State Zip Code Birmingham AL 35216-2153	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Birmingham	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Stuart Moses		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 14 Timber Dr		Transaction ID: 22520275	
City State Zip Code North Caldwell NJ 07006-4406	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Dr. Randall Stickney		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 10620 S 77th East Ave		Transaction ID: 22520293	
City State Zip Code Tulsa OK 74133-6837	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma State Rad Society	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert Newman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 913 Southview PI NE		Transaction ID: 22520295	
City State Zip Code Lenoir NC 28645-3755	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Mary Pomeroy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 22520296
City State Zip Code Monroe NC 28110-8408	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Redvanly		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 4315 Gosford Pl		Transaction ID: 22520297
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Dr. Deborah Agisim		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 5600 Laurium Rd		Transaction ID: 22520298
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) ▶	122.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Amy Sobel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 11104 Creek Point Dr		Transaction ID: 22520299
City State Zip Code Matthews NC 28105-7702	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Dr. Alfred Mansour, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 22520300
City State Zip Code Alexandria LA 71301-3606	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		
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 ▼ 916.74	

Full Name (Last, First, Middle Initial) C. Dr. Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 22520301
City State Zip Code Birmingham AL 35216-2152	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Assoc of Birmingham	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	158.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 3493 Siems Ct		Transaction ID: 22520302
City State Zip Code Arden Hills MN 55112-3639	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Paul Radiology, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Dr. Joel Wissing		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 22520303
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Dr. Gilbert Parker, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 2763 Brownfield Way		Transaction ID: 22520304
City State Zip Code Sumter SC 29150-2254	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sumter Radiological, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		Transaction ID: 22520305
City State Zip Code San Antonio TX 78229-3901	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Texas Hlth Sci Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) B. Dr. Mark Alson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 6641 N Forkner Ave		Transaction ID: 22520306
City State Zip Code Fresno CA 93711-1326	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. William Way, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 7713 Oakmont Pl		Transaction ID: 22520307
City State Zip Code Raleigh NC 27615-5492	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) ▶	173.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Toby C. Cole, JR Mailing Address PO Box 2959 City Asheville State NC Zip Code 28802-2959 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520309 Amount of Each Receipt this Period 20.00
Name of Employer Asheville Radiology Assoc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Dr. Dale Shaw Mailing Address 3601 Sharon Rd City Charlotte State NC Zip Code 28211-3325 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520310 Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00		

Full Name (Last, First, Middle Initial) C. Dr. Jugesh Cheema Mailing Address 4333 Bell Rd Unit 1514 City Newburgh State IN Zip Code 47630-8168 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520311 Amount of Each Receipt this Period 40.00
Name of Employer Medical Center of Delaware Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional)	▶	102.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Ira Adler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 1811 Bloomsbury Rd		Transaction ID: 22520312
City State Zip Code Greenville NC 27858-9617	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Dr. Roger Thomas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 1636 Anita Ln		Transaction ID: 22520314
City State Zip Code Newport Beach CA 92660-4804	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Newport Harbor Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	

Full Name (Last, First, Middle Initial) C. Dr. Kay Lozano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 8100 E Union Ave Apt 2104		Transaction ID: 22520315
City State Zip Code Denver CO 80237-2979	Amount of Each Receipt this Period 45.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Imaging Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41	

SUBTOTAL of Receipts This Page (optional) ▶	127.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Marc Glickstein Mailing Address 962 Mott Hill Rd City State Zip Code S Glastonbury CT 06073-3708 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522139 Amount of Each Receipt this Period 20.00
Name of Employer Occupation Jefferson X-Ray Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Dr. John Rogers Mailing Address 802 West Gap Creek Road City State Zip Code Greer SC 29651-5065 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522140 Amount of Each Receipt this Period 42.00
Name of Employer Occupation Greenville Radiology Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 462.00		

C. Full Name (Last, First, Middle Initial) Dr. William Ketcham, II Mailing Address 8824 Wildflower Dr City State Zip Code Cheyenne WY 82009-1215 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522141 Amount of Each Receipt this Period 40.00
Name of Employer Occupation Baylor College of Medicine Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 440.00		

SUBTOTAL of Receipts This Page (optional)	102.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Shane Kraske Mailing Address 37 Columbine Ct City Iowa City State IA Zip Code 52246-8716 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522142 Amount of Each Receipt this Period 250.00
Name of Employer Radiologic Medical Services, Coralvill Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Dr. Richard Sullivan Mailing Address 1705 Pine Ave City Manhattan Beach State CA Zip Code 90266-5010 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522879 Amount of Each Receipt this Period 365.00
Name of Employer Hill Medical Corp Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

C. Full Name (Last, First, Middle Initial) Dr. Timothy Bernauer Mailing Address 13 Pintail Pl City Appleton State WI Zip Code 54913-8068 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 22522880 Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 95	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 3400 Overton Park Dr W

City	State	Zip Code
Fort Worth	TX	76109-2504

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

Name of Employer Radiology Associates of Tarrant County	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
1	1	/	3	0	/	2	0	0	7

Transaction ID: 22522881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	53555.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 82 / 95	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address PO Box 13750

City Philadelphia State PA Zip Code 19101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11655.04

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 22731048

Amount of Each Receipt this Period
1009.41

SUBTOTAL of Receipts This Page (optional)	▶	1009.41
TOTAL This Period (last page this line number only)	▶	1009.41

**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 83 / 95

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

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

Full Name (Last, First, Middle Initial) A. People For English		Transaction ID: 21996363 Date of Disbursement 11 / 01 / 2007	
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00	
City Erie State PA Zip Code 16507	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Phil English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Berkley For Congress		Transaction ID: 22000216 Date of Disbursement 11 / 01 / 2007	
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00	
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Shelley Berkley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harvest Pac		Transaction ID: 21998166 Date of Disbursement 11 / 05 / 2007	
Mailing Address 236 Massachusetts Avenue NE #508		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) A. Friends Of Lois Capps		Transaction ID: 21940454 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Transaction ID: 22112646 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Transaction ID: 22112352 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30311	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

Full Name (Last, First, Middle Initial) A. Citizens For Harkin		Transaction ID: 22112664 Date of Disbursement 11 / 07 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 500.00
City Des Moines	State IA Zip Code 50304	
Purpose of Disbursement		
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: IA District: 2		

Full Name (Last, First, Middle Initial) B. Mark Pryor For Us Senate		Transaction ID: 21940471 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock	State AR Zip Code 72203	
Purpose of Disbursement		
Candidate Name Sen. Mark Pryor		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: AR District: 2		

Full Name (Last, First, Middle Initial) C. The Freedom Project		Transaction ID: 21940479 Date of Disbursement 11 / 07 / 2007
Mailing Address 424 C Street, N.E. Basement Unit		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 / 95

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

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

Full Name (Last, First, Middle Initial) A. The Freedom Project		Transaction ID: 22112663 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 424 C Street, N.E. Basement Unit		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People For English		Transaction ID: 21996698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00
City Erie State PA Zip Code 16507		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens For Harkin		Transaction ID: 21991729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address P O Box 811		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50304		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 95

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

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

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Transaction ID: 21990927 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Fremont CA 94537	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Fortney Peter Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Next Century Fund		Transaction ID: 22002904 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 116 S Royal Street		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Alexandria VA 22314	Purpose of Disbursement 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Transaction ID: 21998807 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Pttsburgh PA 15234	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Tim F. Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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

Full Name (Last, First, Middle Initial) A. John Kerry For Senate		Transaction ID: 22001969 Date of Disbursement 11 / 09 / 2007
Mailing Address 10 G Street Ne Suite 710		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/ Type	
Candidate Name Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Klein For Congress		Transaction ID: 21999384 Date of Disbursement 11 / 09 / 2007
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 1000.00
City Boca Raton State FL Zip Code 33433	Purpose of Disbursement 011 Category/ Type	
Candidate Name Rep. Ronald Klein	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Pallone For Congress		Transaction ID: 21921976 Date of Disbursement 11 / 12 / 2007
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 011 Category/ Type	
Candidate Name Rep. Frank Pallone, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

Full Name (Last, First, Middle Initial) A. Shore PAC		Transaction ID: 21921824 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 3157		Amount of Each Disbursement this Period 5000.00
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tim Johnson For South Dakota Inc		Transaction ID: 22125626 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 1859		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Sessions For Congress 2006		Transaction ID: 22125624 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 2000.00
City Dallas State TX Zip Code 75238	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Pete Sessions		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

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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

Full Name (Last, First, Middle Initial) A. David Scott For Congress		Transaction ID: 22059278 Date of Disbursement 11 / 14 / 2007
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30307	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David A. Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Scott For Congress		Transaction ID: 22125644 Date of Disbursement 11 / 14 / 2007
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30307	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David A. Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles A Gonzalez Congressional Campaign		Transaction ID: 22125663 Date of Disbursement 11 / 14 / 2007
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78212	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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

Full Name (Last, First, Middle Initial) A. Friends Of Gordon Smith		Transaction ID: 22125479 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Committee		Transaction ID: 22125641 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1500.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens For Altmire		Transaction ID: 22250733 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 2000.00
City Freedom State PA Zip Code 15042	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jason Altmire		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
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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

Full Name (Last, First, Middle Initial) A. Allyson Schwartz For Congress		Transaction ID: 22251921 Date of Disbursement 11 / 14 / 2007	
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 2000.00	
City Jenkintown State PA Zip Code 19046	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Allyson Schwartz	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patrick Murphy For Congress		Transaction ID: 22251919 Date of Disbursement 11 / 14 / 2007	
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00	
City Levittown State PA Zip Code 19058	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Patrick Murphy	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr Md For Congress Inc		Transaction ID: 22255583 Date of Disbursement 11 / 15 / 2007	
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 2000.00	
City Lafayette State LA Zip Code 70598	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Charles W. Boustany, Jr.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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Detailed Summary Page

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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

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Transaction ID: 22125481 Date of Disbursement 11 / 15 / 2007	
Mailing Address Box 586		Amount of Each Disbursement this Period 2000.00	
City Helena	State MT		Zip Code 59624
Purpose of Disbursement			011 Category/ Type
Candidate Name Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 1			

Full Name (Last, First, Middle Initial) B. Reed Committee		Transaction ID: 21940470 Date of Disbursement 11 / 15 / 2007	
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00	
City Cranston	State RI		Zip Code 02920
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Jack Reed			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 1			

Full Name (Last, First, Middle Initial) C. Mike Crapo For Us Senate		Transaction ID: 22250793 Date of Disbursement 11 / 15 / 2007	
Mailing Address PO Box 1948		Amount of Each Disbursement this Period 2000.00	
City Boise	State ID		Zip Code 83701
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Mike Crapo			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ID District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress		Transaction ID: 22250740 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address PO Box 307		Amount of Each Disbursement this Period 2000.00
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Ron Lewis		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2		

Full Name (Last, First, Middle Initial) B. Giffords For Congress		Transaction ID: 22250774 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address PO Box 12886		Amount of Each Disbursement this Period 1000.00
City Tucson State AZ Zip Code 85732	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Gabrielle Giffords		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8		

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

71000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 22731051

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

1073.94

Bank Fees

SUBTOTAL of Disbursements This Page (optional) ►

1073.94

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

1073.94