

**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

4397

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343459

3. IS THIS REPORT

NEW (N) OR

X

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)

Mar 20 (M3)

Apr 20 (M4)

May 20 (M5)

Jun 20 (M6)

Jul 20 (M7)

Aug 20 (M8)

Sep 20 (M9)

Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

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

02

01

2004

through

02

29

2004

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

Milton Guiberteau, M.D.

Signature of Treasurer

Electronically Filed by Milton Guiberteau, M.D.

Date

06

16

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From: ^M02 ^D01 ^Y2004 To: ^M02 ^D28 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		392403.68
(b) Cash on Hand at Beginning of Reporting Period	460204.63	
(c) Total Receipts (from Line 19)	22848.60	83266.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	463053.23	475669.69
<hr/>		
7. Total Disbursements (from Line 31)	82801.00	75417.46
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	400252.23	400252.23
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: ^M02 ⁻01 ⁻2004 To: ^M02 ⁻28 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17568.33	
(ii) Unitemized	5053.61	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	22621.94	82812.75
(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)	22621.94	82812.75
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.)	226.66	453.26
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))	22848.60	83266.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22848.60	83266.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	73500.00
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.....	601.00	1917.46
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 ActMty (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))..	62601.00	75417.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	62601.00	75417.46

DETAILED SUMMARY PAGE
of Disbursements

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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)	22621.94	82812.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22621.94	82812.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr Robert B Akenhead		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 2737 Trevor Drive		Transaction ID: 9159979
City Huntsville	State AL	Zip Code 35802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology of Huntsville, PC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Mark M Charin		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 11 Quincy Street		Transaction ID: 9159977
City Sharon	State MA	Zip Code 02067-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brockton Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Susan M Edwards		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 131D1 Watarrack Ln		Transaction ID: 9159973
City Arcadia	State OK	Zip Code 73007-7631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oklahoma Radiology Group	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 7 / 36

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr Roma V Gumbs		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 13716 N Gate Dr		Transaction ID: 9159985
City Silver Spring	State MD	Zip Code 20906-2212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Howard University Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr William G Jones		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 2344 Prince Albert Dr		Transaction ID: 9159972
City Riverside	State CA	Zip Code 92507-5893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arlington Rad Medical Grp Inc	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr William E Pamel, Jr		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 4744 Independence Dr SE		Transaction ID: 9159974
City Salem	State OR	Zip Code 97302-6407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Diagnostic Imaging Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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 8 / 36

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr Winston S Whitney		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 113 Laurent		Transaction ID: 9159987
City Newport Beach	State CA	Zip Code 92660-8304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hoag Memorial Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr David H Weems		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address Memorial Medical Center PO Box 23089		Transaction ID: 9159986
City Savannah	State GA	Zip Code 31403-3089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiation Oncology of Savannah	Occupation Radiation Oncologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Marcelle L Piccolallo		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 180 Deerfield Drive		Transaction ID: 9180273
City East Greenwich	State RI	Zip Code 02818-1333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General 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**

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FOR LINE NUMBER: PAGE 9 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Douglas J Wester, Jr		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 1407 Old Carriage Ln		Transaction ID: 9160272
City Huntsville	State AL	Zip Code 35802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology Associates of Huntsville	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr Thomas Hal		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 754 Heritage Dr		Transaction ID: 9160276
City Milford	State MI	Zip Code 48361-2738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SRA	Occupation Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr David D Cahalan		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address Northwest Radiologists Inc 2930 Squalicum Pkwy Ste 101		Transaction ID: B159978
City Bellingham	State WA	Zip Code 98225-1854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Radiologists, Inc.	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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FOR LINE NUMBER: PAGE 10 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Richard Coleman		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address Radiology of Huntsville PC 2006 Franklin St SE Ste 200		Transaction ID: 9159980
City Huntsville	State AL	Zip Code 35801-4537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology of Huntsville, P.C.	Occupation Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Howard Sachs		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 4200 Leland St		Transaction ID: 9160274
City Chevy Chase	State MD	Zip Code 20815-6061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self-employed	Occupation Radiologist	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Dan A Gubarney		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 2803 S Park Rd		Transaction ID: B208348
City Spokane	State WA	Zip Code 99212-5063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Inland Imaging Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr David A Desrochers		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 599 Blackbeards Vw		Transaction ID: 9208341
City	State	Zip Code
Bath	NC	27808-9491
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Evergreen Radiology, PA	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr C Douglas Edmondson		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 115 Shady Side St		Transaction ID: 9208339
City	State	Zip Code
El Dorado	AR	71730-3147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Radiology Associates of El Dorado	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr David G Grawtich		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 5422 Pine Springs Ct		Transaction ID: 9208383
City	State	Zip Code
Conroe	TX	77304-4052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tomball Community Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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FOR LINE NUMBER: PAGE 12 / 36
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr Richard E Letcher		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address UC Davis Medical Center 4860 Y St Ste 3100		Transaction ID: 9208344
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UPMC Health System	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Craig Philip Parker		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 289B Vinton Woods Dr		Transaction ID: 9208345
City Wooster	State OH	Zip Code 44691-2598
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wayne Co. Radiology, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Bradley M Tipler		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 339 Yorkshire Ave		Transaction ID: 9208389
City Waynesboro	State VA	Zip Code 22580-1587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blue Ridge Radiologists	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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FOR LINE NUMBER: PAGE 13 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Steven M Bernstein		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 400 E Main St		Transaction ID: 9208382
City Mount Kisco	State NY	Zip Code 10549-3417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northeast Radiology	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr Duncan J Belcher		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 35 Bear Run		Transaction ID: 9208384
City Woodbury	State CT	Zip Code 06798-3335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Radiology Associates	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr Gert Westhu van der Westhuizen		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 151 Milhorn Rd		Transaction ID: 9208387
City Kingsport	State TN	Zip Code 37663-5813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Radiology	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Michael King		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Fresno Community Hospital PO Box 1232		Transaction ID: 9208338
City Fresno	State CA	Zip Code 93715-1232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-employed	Occupation Radiologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Daniel F Housholder		Date of Receipt M / D / Y 02 / 19 / 2004
Mailing Address 7705 Killamey Ct		Transaction ID: 9249325
City Wichita	State KS	Zip Code 67206-1654
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wichita Radiological Group, P.A.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Carl Jensen		Date of Receipt M / D / Y 02 / 19 / 2004
Mailing Address LLVAMC 11201 Benton St		Transaction ID: 9249323
City Loma Linda	State CA	Zip Code 92357-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Bernardino Cty Med Ctr	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr Kevin L Quinn		Date of Receipt M / D / Y 02 / 19 / 2004
Mailing Address 89 McAfee Farm Rd		Transaction ID: 9249333
City Bedford	State NH	Zip Code 03110-4655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SNHRC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Michael A Reburn		Date of Receipt M / D / Y 02 / 19 / 2004
Mailing Address 270B Legacy Ct		Transaction ID: 9249334
City Bartlesville	State OK	Zip Code 74006-7449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RSI	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Michael J Allina		Date of Receipt M / D / Y 02 / 19 / 2004
Mailing Address 1509 Valmont St		Transaction ID: 9249332
City New Orleans	State LA	Zip Code 70115-4114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jefferson Radiology Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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: PAGE 16 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr Jeffrey C Blum		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address Cabarrus Radiologists PA 212 Le Phillip Ct Ste 201		Transaction ID: 9292559
City Concord	State NC	Zip Code 28025-2877
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cabarrus Radiologists PA	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr Ralph M Colbum, Jr		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 4335 Schneider Dr		Transaction ID: 9293179
City Oregon	State WI	Zip Code 53575-2326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Madison Radiologists SC	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr Stanley B Ignatow		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 548 Woodbrook Ln		Transaction ID: 9293500
City Cincinnati	State OH	Zip Code 45215-2513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ft Hamilton-Hughes Mem Ho- sp	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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 17 / 36

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr Elaine Renee Lewis		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2004
Mailing Address 2754 Welsh Rd.		Transaction ID: 9293177
City Mohnton	State PA	Zip Code 19540-8853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer West Reading Radiology Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Mark D Manson		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2004
Mailing Address 431 S Fairview Avenue Ext		Transaction ID: 9292558
City Spartanburg	State SC	Zip Code 29302-2710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spartanburg Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Linda Nat		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2004
Mailing Address LSU-Shreveport Medical School 1501 Kings Hwy		Transaction ID: 9293487
City Shreveport	State LA	Zip Code 71103-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LSU-Shreveport Medical School	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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: PAGE 18 / 36

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr William W Woodruff, III		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address High Pt Radiological Srv PA 624 Quaker Ln Ste 117B		Transaction ID: 9293181
City High Point	State NC	Zip Code 27262-3832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer High Pt Radiological Srv PA	Occupation Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Ellen L Wolf		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 239 E 79th St Apt 5A		Transaction ID: 9292563
City New York	State NY	Zip Code 10021-0812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montefiore Medical Center	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr J E Zetterberg		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address St Raphaels Hospital 1450 Chapel St		Transaction ID: 9293182
City New Haven	State CT	Zip Code 06511-4405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New Haven Radiology Associates, PC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 10 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial) A. Dr Kevin J Leonard		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 700 Audubon Drive		Transaction ID: 9293495
City	State	Zip Code
Hermitage	PA	16148-3236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Virginia Owen		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 620 Bray Station Rd		Transaction ID: 9292561
City	State	Zip Code
Collierville	TN	38017-3266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-South Imag & Therapau- tics	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Herbert W Jones		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 38 Park Ln		Transaction ID: 9293486
City	State	Zip Code
Minneapolis	MN	55416-4340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Consulting Radiologists, Ltd.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's 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: PAGE 20 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Bill H Warren		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address 13042 42nd Ave NE		Transaction ID: 9348587
City	State	Zip Code
Seattle	WA	98125-4625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Washington	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr Geoffrey G Smith		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address PO Box 670		Transaction ID: 9348582
City	State	Zip Code
Casper	WY	82602-0670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Casper Medical Imaging	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr Bibb Allen, Jr		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address 3245 E Briarcliff Rd		Transaction ID: 9348584
City	State	Zip Code
Birmingham	AL	35223-1304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montclair Baptist Medical Center	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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: PAGE 21 / 36
(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

Full Name (Last, First, Middle Initial) A. Dr Hugo Falcon, Jr		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address 2304 Valley Brook Way NE		Transaction ID: 9348602
City	State	Zip Code
Atlanta	GA	30319-5241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Imaging Specialists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Thomas M Cunningham, III		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address 419 S Washington St		Transaction ID: 9348590
City	State	Zip Code
Casper	WY	82601-2951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Casper Medical Imaging	Occupation Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Jeffrey R Beesette		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2004
Mailing Address 2723 Oak Borough Run		Transaction ID: 9348572
City	State	Zip Code
Fort Wayne	IN	46804-7802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Fort Wayne Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	510.00
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 22 / 36
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full) American College of Radiology Association	
Full Name (Last, First, Middle Initial) A. Dr Stephen D Rice Mailing Address St Francis Cabrini Hospital 3330 Masonic Dr City State Zip Code Alexandria LA 71301-3899 FEC ID number of contributing federal political committee. C Name of Employer Central Louisiana Imaging Occupation Diagnostic Radiologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.66	Date of Receipt M / D / Y U U / Y Y Y Y 02 / 27 / 2004 Transaction ID: 9348580 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional)	▶	208.33
TOTAL This Period (last page this line number only)	▶	17568.33

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

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

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full) American College of Radiology Association	
Full Name (Last, First, Middle Initial) A. Vanguard Group	Date of Receipt M / D / Y U U / Y Y Y Y 02 / 20 / 2004
Mailing Address PD Box 7800	Transaction ID: 9368089
City State Zip Code Philadelphia PA 19101	Amount of Each Receipt this Period 226.66
FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 453.26 Vanguard Dividends

SUBTOTAL of Receipts This Page (optional)	▶	226.66
TOTAL This Period (last page this line number only)	▶	226.66

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

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

FOR LINE NUMBER:
(check only one)

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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. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

Candidate Name
Rep. Ed Whitfield

Office Sought: House Senate President
State: KY District: 1
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310756
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name
Congressman Gene Green

Office Sought: House Senate President
State: TX District: 29
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310757
Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Hastert For Congress Committee

Mailing Address P. O. Box 625 15 E. Wilson St
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement

Candidate Name
Rep. J. Dennis Hastert

Office Sought: House Senate President
State: IL District: 14
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310785
Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 25 / 36

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address Post Office Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name
Rep. Michael Rogers

Office Sought: House
Senate
President

State: MI District: B

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310786

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City Fremont State CA Zip Code 04537

Purpose of Disbursement

Candidate Name
Rep. Fortney Stark

Office Sought: House
Senate
President

State: CA District: 13

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310853

Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Ernest Istook

Mailing Address 3501 N.W. 83rd Street Suite 801
3501 N.W. 83rd Street Suite 801

City Oklahoma City State OK Zip Code 73118

Purpose of Disbursement

Candidate Name
Rep. Ernest Istook, Jr.

Office Sought: House
Senate
President

State: OK District: 5

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310849

Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

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)

PAGE 26 / 36

<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. Kirk For Congress

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement

Candidate Name
Rep. Mark Kirk

Office Sought: House Senate President
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

State: IL District: 10

011
Category/
Type

Transaction ID: 9310856
Date of Disbursement

02 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. America's Majority Trust (Rep. Rob Portman)

Mailing Address 1155 21st Street, NW Suite 300

City State Zip Code
Washington DC 20036

Purpose of Disbursement

Candidate Name

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

State: District: D

011
Category/
Type

Transaction ID: 9310732
Date of Disbursement

02 / 17 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Bob Beauprez For Congress Committee

Mailing Address P.O. Box 501

City State Zip Code
Wheatridge CO 80034

Purpose of Disbursement

Candidate Name
Rep. Bob Beauprez

Office Sought: House Senate President
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

State: CO District: 7

011
Category/
Type

Transaction ID: 9310753
Date of Disbursement

02 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

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

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(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

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address Post Office Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name
Congresswoman Lois Capps

Office Sought: House Senate President
State: CA District: 22
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310874

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Doggett For U S Congress Committee

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

Candidate Name
Congressman Lloyd Doggett

Office Sought: House Senate President
State: TX District: 10
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310886

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Congressman William Thomas

Office Sought: House Senate President
State: CA District: 21
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310859

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2000.00

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial)
A. National Republican Congressional Committee (NROC)

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 9310881
Date of Disbursement
02 / 24 / 2004

Amount of Each Disbursement this Period
15000.00

Full Name (Last, First, Middle Initial)
B. Ben Cardin For Congress

Mailing Address 100 East Pratt Street 27th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Candidate Name
Rep. Benjamin Cardin

Office Sought: House Senate President State: MD District 3

Disbursement For: 2004 Primary General Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310857
Date of Disbursement
02 / 24 / 2004

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)
C. Crane For Congress Committee

Mailing Address PO Box 8534

City Rolling Meadows State IL Zip Code 60008

Purpose of Disbursement

Candidate Name
Congressman Philip Crane

Office Sought: House Senate President State: IL District 8

Disbursement For: 2004 Primary General Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310870
Date of Disbursement
02 / 24 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **18500.00**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial)
A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name
Congressman Gene Green

Office Sought: House
Senate
President

State: TX District: 29

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310863
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
B. Oxy For Congress

Mailing Address Box 2000

City Findlay State OH Zip Code 45830

Purpose of Disbursement

Candidate Name
Congressman Michael Oxy

Office Sought: House
Senate
President

State: OH District: 4

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310865
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Hobson For Congress Committee

Mailing Address B2 W Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement

Candidate Name
Rep. David Hobson

Office Sought: House
Senate
President

State: OH District: 7

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310862
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial)
A. Congressman Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name
Rep. Joe Barton

Office Sought: House
Senate
President
State: TX District 6

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310865
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Santa Marg State CA Zip Code 02688

Purpose of Disbursement

Candidate Name
Rep. George Radanovich

Office Sought: House
Senate
President
State: CA District 18

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310864
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. Citizens For Gillmor

Mailing Address PO Box 910

City Port Clinton State OH Zip Code 43452

Purpose of Disbursement

Candidate Name
Rep. Paul Gillmor

Office Sought: House
Senate
President
State: OH District 5

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310869
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

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

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(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. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny Hoyer

Office Sought: House
Senate
President
State: MD District 5

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310873

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Anna Eshoo

Office Sought: House
Senate
President
State: CA District 14

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310875

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mary Bono Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name
Rep. Mary Bono

Office Sought: House
Senate
President
State: CA District 44

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310876

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American College of Radiology Association

Full Name (Last, First, Middle Initial)
A. Michael Burgess For Congress

Mailing Address 106 Highland Lake Dr

City Highland Village State TX Zip Code 75077

Purpose of Disbursement

Candidate Name
Rep. Michael Burgess

Office Sought: House Senate President
State: TX District: 28

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310867
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name
Sen. Barbara Mikulski

Office Sought: House Senate President
State: MD District: 2

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310875
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

Candidate Name
Rep. Ralph Hall

Office Sought: House Senate President
State: TX District: 4

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310871
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2000.00

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

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(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. Bob Matsui For Congress Committee

Mailing Address 8665 Wilshire Blvd. Suite 220

City Beverly Hills State CA Zip Code 90211

Purpose of Disbursement

Candidate Name
Rep. Robert Matsui

Office Sought: House Senate President
State: CA District 5

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310872
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Voinovich For Senate Committee

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement

Candidate Name
Sen. George Voinovich

Office Sought: House Senate President
State: OH District 2

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310880
Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Nussle For Congress Committee

Mailing Address P.O. Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement

Candidate Name
Rep. Jim Nussle

Office Sought: House Senate President
State: IA District 2

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310888
Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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(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. Citizens For Arlen Specter

Mailing Address 226 North Alfred Street
111 South 15th Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: PA District 1 2004 US General Elec

011
Category/
Type

Transaction ID: 9310891
Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Pickering For Congress

Mailing Address PO Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name
Rep. Charles Pickering, Jr.

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: MS District 3 2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310896
Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Sherrad Brown

Mailing Address 807 14th Street Nw Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Congressman Sherrad Brown

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: OH District 13 2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310895
Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

2500.00

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)

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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. Wally Herger For Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement

Candidate Name
Rep. Wally Herger

Office Sought: House Senate President
State: CA District: 2
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310896
Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
B. Keller For Congress

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement

Candidate Name
Rep. Richard Keller

Office Sought: House Senate President
State: FL District: B
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310897
Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Lungren For Congress

Mailing Address 8958 Ivanpah Court

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement

Candidate Name
Mr. Daniel Lungren

Office Sought: House Senate President
State: CA District: 3
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US Primary Elec

011
Category/
Type

Transaction ID: 9310898
Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

82000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23201

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House
Senate
President
State: District D

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 9389144

Date of Disbursement

02 / 29 / 2004

Amount of Each Disbursement this Period

801.00

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional) ▶

801.00

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

801.00