

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1891 Preston White Drive Reston VA 20191

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 14 2010 through 11 22 2010

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

Signature of Treasurer Electronically Filed by DR William Herrington Date 03 30 2011

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

A. Form/Schedule : **F3XA**
Transaction ID :

Amended the Independent Expenditure because it was coded wrong so that it doesn't show a discrepancy in the sum on Line 23 and on my itemized entries on Schedule B.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		532260.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	534956.17									
(c) Total Receipts (from Line 19)	133622.03	1060268.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	668578.20	1592528.64								
7. Total Disbursements (from Line 31)	112742.29	1036692.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	555835.91	555835.91								
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. 06/2004)

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	118166.76	935198.98
(ii) Unitemized	15445.00	117493.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	133611.76	1052692.78
(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)	133611.76	1052692.78
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	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10.27	75.75
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))	133622.03	1060268.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	133622.03	1060268.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	194.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	194.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101500.00	986500.00
24. Independent Expenditure (use Schedule E)	10623.00	45423.00
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.....	619.29	4575.73
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))..	112742.29	1036692.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112742.29	1036692.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 194

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)	133611.76	1052692.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133611.76	1052692.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	194.00
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	194.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 194
(check only one)

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

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

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

A.

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

Mailing Address 7109 Cove Pointe Pl

City Prospect State KY Zip Code 40059-9680

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

Name of Employer: Diag. Imaging Alliance of Louisville
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 37176675
Amount of Each Receipt this Period: 42.00

B.

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

Mailing Address 2509 Middleton Beach Rd

City Middleton State WI Zip Code 53562-2912

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

Name of Employer: Madison Radiologists
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.20

Date of Receipt: 10 / 15 / 2010
Transaction ID: 37176678
Amount of Each Receipt this Period: 30.42

C.

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

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City Saint Cloud State MN Zip Code 56303-1900

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

Name of Employer: Regional Diagnostic Radiology
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.40

Date of Receipt: 10 / 15 / 2010
Transaction ID: 37176679
Amount of Each Receipt this Period: 208.34

SUBTOTAL of Receipts This Page (optional) ► **280.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City State Zip Code
Gastonia NC 28054-6402

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

Name of Employer Shelby Radiological Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 37176680

Amount of Each Receipt this Period
45.00

B.

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

Mailing Address 2616 A Fond du Lac Rd

City State Zip Code
Oshkosh WI 54902-7221

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

Name of Employer Radiology Assoc of Fox Valley
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 37203632

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 38 Lake Forest Dr

City State Zip Code
Richmond Heights MO 63117-1303

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

Name of Employer Radiologic Imaging Consultants
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 37203633

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► **1245.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Roy A. Holliday	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 70 Sixth Avenue	Transaction ID: 37203636
	City State Zip Code Nyack NY 10960-1612	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Beth Israel Medical Center Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Dr. David Poage	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1349 S 101st St Apt 306	Transaction ID: 37203637
	City State Zip Code Omaha NE 68124-6006	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Nebraska Medical College Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Sean Paulsen	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 548 Areva Rd Apt 68-8	Transaction ID: 37204508
	City State Zip Code Roosevelt UT 84066-2221	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed 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)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael DeVenny	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 3090 Yorktown Dr	Transaction ID: 37204510
	City State Zip Code Tuscaloosa AL 35406-2713	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Radiology Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael Sachenik	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1 Vireo Dr	Transaction ID: 37204512
	City State Zip Code Wyomissing PA 19610-2829	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer West Reading 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. Nancy Sherwin	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address The Lankenau Hospital 100 E Lancaster Ave	Transaction ID: 37204514
	City State Zip Code Wynnewood PA 19096-3483	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Radiology Associates of the Main Line	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)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Harry Zegel		Date of Receipt
	Mailing Address 156 Valley Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Ardmore	PA	19003-1511
	FEC ID number of contributing federal political committee. C		Transaction ID: 37204516
Name of Employer Radiology Associates of the Main Line		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons		Date of Receipt
	Mailing Address Gundersen/Lutheran Med Ctr 1900 South Ave C02-002		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	La Crosse	WI	54601-5467
	FEC ID number of contributing federal political committee. C		Transaction ID: 37204781
Name of Employer Gundersen Lutheran Clinic		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.34

C.	Full Name (Last, First, Middle Initial) Dr. Gary Geil		Date of Receipt
	Mailing Address West Coast Radiology 1100 N Tustin Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Santa Ana	CA	92705-3595
	FEC ID number of contributing federal political committee. C		Transaction ID: 37305619
Name of Employer Santa Ana Tustin Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		Aggregate Year-to-Date ▼	<input type="text"/> 370.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 683.34
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Curt Snyder

Mailing Address 37 Solar Way

City Morrisonville State NY Zip Code 12962-9702

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

Name of Employer Associates in Radiology of Plattsburgh Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: 37305620
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lorenz Ramseyer

Mailing Address 11600 W Longhorn Trl

City Drummond State OK Zip Code 73735-1099

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

Name of Employer Radiology Assoc. of Enid Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: 37305628
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dean Bruschein

Mailing Address 3121 Sequoia Ln

City Billings State MT Zip Code 59102-0521

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

Name of Employer Billings Clinic Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: 37305629
 Amount of Each Receipt this Period: 400.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Steven Herwick		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1851 N Hudson Ave		Transaction ID: 37305774
City Chicago	State IL	Zip Code 60614-5201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wellington Radiology 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	

B.

Full Name (Last, First, Middle Initial) Dr. Mark Kristy		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address West River Radiology PO Box 1110		Transaction ID: 37305775
City Hettinger	State ND	Zip Code 58639-1110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West River Regional Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Michael Dutka		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1265 South Avignon Dr.		Transaction ID: 37306509
City Gladwyne	State PA	Zip Code 19035-1042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Affiliates of Central New Je	Occupation Diagnostic Radiology	
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Royce Biddle

Mailing Address 3045 Jacobs Cir

City State Zip Code
Kalamazoo MI 49009-4419

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

Name of Employer Occupation
Premier Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37306511

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter Clive

Mailing Address 2815 Bardamar Dr

City State Zip Code
Fort Gratiot MI 48059-3505

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37306513

Amount of Each Receipt this Period
250.00

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

Mailing Address 2320 Bolsover St

City State Zip Code
Houston TX 77005-2612

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

Name of Employer Occupation
Rose Imaging Specialists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37306744

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 6407 Massey Estates Cv

City State Zip Code
Memphis TN 38120-1403

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) ▼

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

Transaction ID: 37306747

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Kim Gray

Mailing Address 3366 Mathieson Dr NE

City State Zip Code
Atlanta GA 30305-1735

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

Name of Employer Occupation
Northside Radiology Associates Diagnostic Radiologist

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

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

Transaction ID: 37309265

Amount of Each Receipt this Period
500.00

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

Mailing Address 7245 Scotshire Way

City State Zip Code
Cumming GA 30040-7396

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

Name of Employer Occupation
Northside Radiology Associates Diagnostic Radiologist

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

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

Transaction ID: 37309266

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Shannon Norris		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 7855 Fawndale Way		Transaction ID: 37309267
City Atlanta	State GA	Zip Code 30350-1062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northside Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Venetia Vassiliades		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 109 Shoreline Dr		Transaction ID: 37309268
City Gulf Breeze	State FL	Zip Code 32561-4148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northside Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Shalini Agarwal		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3518 E Nacona Ln		Transaction ID: 37309269
City Phoenix	State AZ	Zip Code 85050-5498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer Arizona Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.06	

SUBTOTAL of Receipts This Page (optional)	850.02
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Ayad Agha

Mailing Address 11209 North Tatum Blvd.
Suite 140

City Phoenix State AZ Zip Code 85028-3024

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

Name of Employer Arizona Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309270

Amount of Each Receipt this Period
100.02

B. Full Name (Last, First, Middle Initial)
Dr. Arthur Clark

Mailing Address 6323 E Gold Dust Ave

City Scottsdale State AZ Zip Code 85253-1239

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

Name of Employer Arizona Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309271

Amount of Each Receipt this Period
100.02

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

Mailing Address 5507 E Royal Palm Rd

City Paradise Valley State AZ Zip Code 85253-2536

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

Name of Employer Arizona Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309272

Amount of Each Receipt this Period
100.02

SUBTOTAL of Receipts This Page (optional) ► 300.06

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

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

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

FOR LINE NUMBER: PAGE 18 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Claude Frey

Mailing Address 8213 E Del Cristal Dr

City State Zip Code
Scottsdale AZ 85258-2305

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309273

Amount of Each Receipt this Period
100.02

B. Full Name (Last, First, Middle Initial)
Dr. Dina Gabaeff

Mailing Address 5219 E. Cortez Dr.

City State Zip Code
Scottsdale AZ 85254-4729

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309274

Amount of Each Receipt this Period
100.02

C. Full Name (Last, First, Middle Initial)
Dr. Melissa Gurley

Mailing Address 3730 E Mission Ln

City State Zip Code
Phoenix AZ 85028-5000

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309276

Amount of Each Receipt this Period
100.02

SUBTOTAL of Receipts This Page (optional) ► **300.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Delon N. Hebron

Mailing Address 18028 W Narramore Rd

City State Zip Code
Goodyear AZ 85338-5053

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.06

Date of Receipt

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

Transaction ID: 37309277

Amount of Each Receipt this Period

100.02

B.

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

Mailing Address 4338 E Keim Dr

City State Zip Code
Scottsdale AZ 85253-3913

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.06

Date of Receipt

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

Transaction ID: 37309278

Amount of Each Receipt this Period

100.02

C.

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

Mailing Address 11964 N 135th Way

City State Zip Code
Scottsdale AZ 85259-3655

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.06

Date of Receipt

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

Transaction ID: 37309279

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional) ▶

300.06

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Philippe Lanauze

Mailing Address 9484 E Calle De Las Brisas

City State Zip Code
Scottsdale AZ 85255-4339

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309280

Amount of Each Receipt this Period
100.02

B.

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

Mailing Address 4416 E Mockingbird Ln

City State Zip Code
Paradise Valley AZ 85253-2400

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309283

Amount of Each Receipt this Period
100.02

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur Radow

Mailing Address 7111 N Desert Fairways Dr

City State Zip Code
Paradise Valley AZ 85253-3338

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

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

Transaction ID: 37309284

Amount of Each Receipt this Period
100.02

SUBTOTAL of Receipts This Page (optional) ► **300.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 194
(check only one)

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

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

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

A.

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

Mailing Address 15656 N 111th PI

City State Zip Code
Scottsdale AZ 85255-8874

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

Name of Employer Occupation
University of Arizona Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309285

Amount of Each Receipt this Period
100.02

B.

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

Mailing Address 11209 N Tatum Blvd Ste B110

City State Zip Code
Phoenix AZ 85028-3091

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309286

Amount of Each Receipt this Period
100.02

C.

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

Mailing Address 12428 N 136th PL

City State Zip Code
Scottsdale AZ 85259-2310

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309287

Amount of Each Receipt this Period
100.02

SUBTOTAL of Receipts This Page (optional) ▶ **300.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 194
(check only one)

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

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

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

A.

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

Mailing Address 4112 E Lonesome Trl

City State Zip Code
Cave Creek AZ 85331-4546

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309288

Amount of Each Receipt this Period
100.02

B.

Full Name (Last, First, Middle Initial)
Dr. Traci Yanke

Mailing Address 11965 E Calle De Valle

City State Zip Code
Scottsdale AZ 85255-6905

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

Name of Employer Occupation
Arizona Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309289

Amount of Each Receipt this Period
100.02

C.

Full Name (Last, First, Middle Initial)
Dr. Vanessa Albernaz

Mailing Address 507 Guilder Ln

City State Zip Code
Greenville NC 27858-6581

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

Name of Employer Occupation
Eastern Radiologists Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37309290

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **326.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 194
(check only one)

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

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

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

A.

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

Mailing Address 1505 Trafalgar Rd.

City State Zip Code
Winterville NC 28590-9823

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309291

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Eastern Radiologists Inc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309292

Amount of Each Receipt this Period
126.00

C.

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

Mailing Address 324 Dupont Cir

City State Zip Code
Greenville NC 27858-6520

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 ▼ 504.00

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

Transaction ID: 37309296

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Melissa Duncan		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1806 Bloomsbury Rd		Transaction ID: 37309297
City Greenville	State NC	Zip Code 27858-9612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Dr. Tobin Andrew Finizio, II		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3506 Lakeview Trl		Transaction ID: 37309298
City Kinston	State NC	Zip Code 28504-8183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.

Full Name (Last, First, Middle Initial) Dr. Leonard Gibson, JR		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1100 Woodland Dr NW		Transaction ID: 37309299
City Wilson	State NC	Zip Code 27893-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)	▶	378.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ericka Griffin

Mailing Address 2706 Isaac Dr

City State Zip Code
Goldsboro NC 27530-8119

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309300

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address 1212 Sweetbriar Cir

City State Zip Code
Kinston NC 28501-2641

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309302

Amount of Each Receipt this Period
126.00

C.

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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 ▼ 504.00

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

Transaction ID: 37309303

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Henryk Kowalski

Mailing Address 512 Chesapeake PI

City State Zip Code
Greenville NC 27858-0678

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 ▼ 504.00

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

Transaction ID: 37309304

Amount of Each Receipt this Period
126.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code
Greenville NC 27858-8441

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 ▼ 504.00

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

Transaction ID: 37309305

Amount of Each Receipt this Period
126.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Lewis

Mailing Address 518 Chesapeake PI

City State Zip Code
Greenville NC 27858-0678

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

Name of Employer Eastern Radiologists Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309306

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph Lurito		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 37309307		
	City Greenville	State NC	Zip Code 27834-2801	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 504.00	

B.	Full Name (Last, First, Middle Initial) Dr. Eric M. Martin		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address 1818 Bloomsbury Rd		Transaction ID: 37309308		
	City Greenville	State NC	Zip Code 27858-9612	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 504.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael McLaughlin		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address Eastern Radiologists Inc 9 Doctors Park		Transaction ID: 37309309		
	City Greenville	State NC	Zip Code 27834-2801	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

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 ▼ 504.00

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

Transaction ID: 37309310

Amount of Each Receipt this Period
126.00

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

Mailing Address 1803 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

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 ▼ 504.00

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

Transaction ID: 37309311

Amount of Each Receipt this Period
126.00

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

Mailing Address 680 Lexington Dr

City State Zip Code
Greenville NC 27834-7858

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309313

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 194
(check only one)

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

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

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

A.

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

Mailing Address 1807 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309314

Amount of Each Receipt this Period
126.00

B.

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 ▼ 504.00

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

Transaction ID: 37309315

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Dr. Heather Seymour

Mailing Address Eastern Radiologists Inc.
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309316

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 194
(check only one)

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

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

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

A.

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City Greenville State NC Zip Code 27834-2801

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 ▼ 504.00

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

Transaction ID: 37309317

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address 2859 Drake Mallard Dr

City Grimesland State NC Zip Code 27837-9509

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309320

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anthony Thaxton

Mailing Address 2301 Harvest Mnr

City Greenville State NC Zip Code 27858-7800

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 37309321

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 194
(check only one)

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

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

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

A.

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

Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 27858-0678

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

Name of Employer Occupation
Eastern Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

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

Transaction ID: 37309322

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bobby Walters, JR

Mailing Address 2231 Lexington Farms Court

City State Zip Code
Greenville NC 27834-7765

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

Name of Employer Occupation
Eastern Radiologists Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

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

Transaction ID: 37309323

Amount of Each Receipt this Period

126.00

C.

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Occupation
Eastern Radiologists Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

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

Transaction ID: 37309324

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Edmond Russ, III

Mailing Address Radiology Associates of SEO
838 Market St

City State Zip Code
Zanesville OH 43701-3718

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

Name of Employer Occupation
RASEO, Inc. Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37310299

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel O'Shea

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

City State Zip Code
Reading PA 19611-1442

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

Name of Employer Occupation
West Reading Radiology Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37310300

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 9706 Chilcott Manor Way

City State Zip Code
Vienna VA 22181-5400

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

Name of Employer Occupation
Washington Radiology Associate 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 0 / 2 0 / 2 0 1 0

Transaction ID: 37310301

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Laurence Cambron

Mailing Address 3912 Dogwood Pl

City State Zip Code
Mount Vernon WA 98274-8750

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

Name of Employer Skagit Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37310311

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3537 Lakeshore Dr

City State Zip Code
Kingsport TN 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
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37310313

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2309 Woodcliff Rd SE

City State Zip Code
Huntsville AL 35801-1471

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

Name of Employer Radiology of Huntsville Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 37310314

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 194

(check only one)

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

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

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

A.

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

Mailing Address PO Box 26430

City State Zip Code
Macon GA 31221-6430

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

Name of Employer Occupation
RAM, 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
1 0 / 2 0 / 2 0 1 0

Transaction ID: 37310319

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 6101 S West Bay Shore Dr

City State Zip Code
Traverse City MI 49684-9210

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

Name of Employer Occupation
Grand Traverse Radiologis- 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 0 / 2 0 / 2 0 1 0

Transaction ID: 37310320

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory Shields

Mailing Address 9528 Lakestone Ct

City State Zip Code
Clarence NY 14031-2419

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

Name of Employer Occupation
Western New York 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 0 / 2 0 / 2 0 1 0

Transaction ID: 37310321

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Terence Matalon

Mailing Address Albert Einstein Medical Center
5501 Old York Rd

City Philadelphia State PA Zip Code 19141-3018

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

Name of Employer Albert Einstein Medical Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2010
Transaction ID: 37310322
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 4788 Copperstone Dr

City Ames State IA Zip Code 50010-9395

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

Name of Employer McFarland Clinic, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351046
Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 42 Broadriver Rd

City Ormond Beach State FL Zip Code 32174-8743

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

Name of Employer Radiology Associates of Daytona Beach Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351049
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Thomas Glass, III		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 106 Howard Oaks Dr		Transaction ID: 37351051
	City Macon	State GA	Zip Code 31210-7300
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Radiology Associates of Macon, P.C.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Terence Matalon		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address Albert Einstein Medical Center 5501 Old York Rd		Transaction ID: 37351052
	City Philadelphia	State PA	Zip Code 19141-3018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Albert Einstein Medical Center	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Ravi Ramnath		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 687 Deerhurst Dr		Transaction ID: 37351057
	City Melbourne	State FL	Zip Code 32940-2137
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer NSI	Occupation Diagnostic Radiologist	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 194
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Gilbert Whang

Mailing Address 978 S. Marengo Ave Unit 111

City Pasadena State CA Zip Code 91106-5416

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

Name of Employer University of Southern California
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 37351058
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1362 Magdalena Ave., V-102

City San Juan State PR Zip Code 00907-2029

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

Name of Employer MedScan, PSC
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 37351060
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 663 Kalmia Ave

City Boulder State CO Zip Code 80304-1735

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

Name of Employer Boulder Radiologists, Inc., P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 37351097
Amount of Each Receipt this Period: 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Vivek Yagnik

Mailing Address 6210 Pickens St

City State Zip Code
Houston TX 77007-2016

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

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

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

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

Transaction ID: 37351098

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3070 Windsor PI

City State Zip Code
Boca Raton FL 33434-5346

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

Name of Employer Occupation
Advanced Diagnostic Imaging 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 Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 37351099

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Duke Pham

Mailing Address 811 Valencia Blvd

City State Zip Code
Irving TX 75039-3058

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

Name of Employer Occupation
Radiological Consultants Association of 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351100

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 18 Captains Crossing

City Savannah State GA Zip Code 31411-2104

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

Name of Employer South Coast Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351115
Amount of Each Receipt this Period 250.00

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

Mailing Address 507 Dorset Rd

City Devon State PA Zip Code 19333-1810

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

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351118
Amount of Each Receipt this Period 1000.00

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

Mailing Address 1168 Reading Blvd

City Wyomissing State PA Zip Code 19610-2274

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

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351119
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 611 Quail Creek Rd

City Parsons State KS Zip Code 67357-2257

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

Name of Employer Robert Charles Gibbs, M.D., L.L.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351330
Amount of Each Receipt this Period 500.00

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

Mailing Address 4509 Winged Foot Dr

City Hutchinson State KS Zip Code 67502-8016

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

Name of Employer Radiology Professionals of Hutchinson Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351332
Amount of Each Receipt this Period 500.00

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

Mailing Address 5922 Waterloo Bridge Cir

City Haymarket State VA Zip Code 20169-6192

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

Name of Employer Virginia Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351334
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 194

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alice Josafat

Mailing Address 1117 Daley Pl

City State Zip Code
Edmonds WA 98020-2913

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Radia 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351339

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 20 Haverton Ln

City State Zip Code
Amherst NY 14228-3727

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Southtowns Radiology Associates 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351340

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 950 S Lakeshore Dr

City State Zip Code
Valdosta GA 31605-6424

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Radiology Associates 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351343

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Cary Yeh

Mailing Address 750 Pine St

City State Zip Code
Monterey CA 93940-1225

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

Name of Employer Occupation
MPRMG 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351351

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 792 Village Trl

City State Zip Code
Gates Mills OH 44040-9660

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

Name of Employer Occupation
Drs. Hill and Thomas, Co. 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351354

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Andrew Spillet

Mailing Address 101 Summerville Farms Ct

City State Zip Code
Kingsport TN 37663-3131

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

Name of Employer Occupation
Blue Ridge Radiology 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351359

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 2737 Trevor Dr SE

City State Zip Code
Huntsville AL 35802-1238

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

Name of Employer Radiology of Huntsville, PC 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351363

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

Name of Employer Drs Grover, Christie & Merritt Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

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

Transaction ID: 37351365

Amount of Each Receipt this Period
40.00

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

Mailing Address Bay Radiology Associates, PA
527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

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

Name of Employer Bay Radiology Associates 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351366

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **740.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: 37351367

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue

Mailing Address 2233 W 33rd St

City State Zip Code
Panama City FL 32405-1915

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: 37351368

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: 37351369

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City Panama City State FL Zip Code 32402-1770

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351370
Amount of Each Receipt this Period 200.00

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

Mailing Address 2818 Canal Dr

City Panama City State FL Zip Code 32405-1610

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351371
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City Panama City State FL Zip Code 32401-3958

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 37351372
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 194
(check only one)

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

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

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

A.

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

Mailing Address 1016 Sunset Ln

City State Zip Code
Lynn Haven FL 32444-3455

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

Name of Employer Occupation
Bay Radiology Associates 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351373

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City State Zip Code
Panama City FL 32401-3979

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

Name of Employer Occupation
Bay Radiology Associates 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 0 / 2 6 / 2 0 1 0

Transaction ID: 37351374

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351377

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 194

(check only one)

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

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

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

A.

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

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351378

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351379

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351380

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351381

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351382

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351383

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 194

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Mailing Address 124 W 60th St Apt 45	Transaction ID: 37351384
	City State Zip Code New York NY 10023-7451	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00
B.	Full Name (Last, First, Middle Initial) Dr. Andrew Osiason	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Mailing Address 506 Julie Ct	Transaction ID: 37351385
	City State Zip Code Wyckoff NJ 07481-1101	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00
C.	Full Name (Last, First, Middle Initial) Dr. David Panush	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Mailing Address 538 E 84th St Apt 4E	Transaction ID: 37351386
	City State Zip Code New York NY 10028-7357	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351387

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351388

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 37351389

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

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

Name of Employer Hackensack Radiology Group
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 403.83

Date of Receipt

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

Transaction ID: 37351390

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06

Date of Receipt

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

Transaction ID: 37351391

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Regina Chu

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

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

Name of Employer Hackensack Radiology Group
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt

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

Transaction ID: 37351392

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional) ▶

57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Sunitha Sunkavalli		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 943 High Mountain Rd		Transaction ID: 37351393
City State Zip Code Franklin Lakes NJ 07417-1619	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

B.

Full Name (Last, First, Middle Initial) Dr. Margaret Emy		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 245 Oxford Dr		Transaction ID: 37351394
City State Zip Code Tenafly NJ 07670-3117	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

C.

Full Name (Last, First, Middle Initial) Dr. Joel Budin		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 140 Chestnut St		Transaction ID: 37351395
City State Zip Code Englewood NJ 07631-3033	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional)	57.69
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 53 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

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

Transaction ID: 37351396

Amount of Each Receipt this Period
19.23

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

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

Transaction ID: 37351397

Amount of Each Receipt this Period
19.23

C. Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

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

Transaction ID: 37351398

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 194
(check only one)

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

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

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

A.

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

Mailing Address 334 W 86th St Apt 4C

City State Zip Code
New York NY 10024-3157

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 403.83

Date of Receipt

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

Transaction ID: 37351399

Amount of Each Receipt this Period

19.23

B.

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

Mailing Address Radiology Associates PA
500 S University Ave Ste 101

City State Zip Code
Little Rock AR 72205-5314

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

Name of Employer Occupation
Radiology Associates, P.A. 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
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37360397

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. James W. Owen, III

Mailing Address 1303 SW First American Pl

City State Zip Code
Topeka KS 66604-4059

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

Name of Employer Occupation
Radiology & Nuclear Medicine, LLC Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37360398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

769.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 9118 Hemingway Grove Cir

City State Zip Code
Knoxville TN 37922-8090

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

Name of Employer Occupation
Abercrombie Radiology 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360399

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Herbert Hamilton

Mailing Address 6402 E 107th St

City State Zip Code
Tulsa OK 74137-7025

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

Name of Employer Occupation
Northwest Arkansas Rad. Assoc., P.A. 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360401

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 N Devereaux Ct NW

City State Zip Code
Atlanta GA 30327-4225

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

Name of Employer Occupation
Quantum Radiology 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360409

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1937 N Saddle Creek Ct

City State Zip Code
Wichita KS 67206-4401

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

Name of Employer Occupation
Wichita Radiological Group 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360412

Amount of Each Receipt this Period
500.00

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

Mailing Address 1595 Stoney Mountain Rd

City State Zip Code
Martinsville VA 24112-1179

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

Name of Employer Occupation
Rockingham Imaging 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360421

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. George Pjura, JR

Mailing Address 3703 Stonebridge Drive

City State Zip Code
Cape Girardeau MO 63701-9504

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

Name of Employer Occupation
Cape Radiology Group 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360423

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 57 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Beth Zigmund		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 412 Spruce St		Transaction ID: 37360424		
	City Haddonfield	State NJ	Zip Code 08033-1620	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hahnemann University Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Michael Levitt		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 6401 Worchester Drive		Transaction ID: 37360433		
	City Nashville	State TN	Zip Code 37221-3709	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advanced Diagnostic Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Charles Austin, JR		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 1102 Saffron Dr		Transaction ID: 37360487		
	City Mechanicsburg	State PA	Zip Code 17050-7617	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Quantum Imaging & Therapeutic Assoc.	Occupation Diagnostic Radiologist	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)	1365.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 58 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Fred Panzer

Mailing Address W6375 Firelane 8

City State Zip Code
Menasha WI 54952-9746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: 37360490

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Jane Clancy

Mailing Address 18 Fieldstone Ln

City State Zip Code
Natick MA 01760-5560

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

Name of Employer: HVMA-Atrius Health
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	0	/	2	8	/	2	0	1	0

Transaction ID: 37360802

Amount of Each Receipt this Period
500.00

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

Mailing Address 13012 Covered Bridge Rd

City State Zip Code
Sellersburg IN 47172-8604

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

Name of Employer: Radiology Associates, Inc.
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	0	/	2	8	/	2	0	1	0

Transaction ID: 37360810

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 194
(check only one)

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

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

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

A.

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

Mailing Address St Clair Hospital
1000 Bower Hill Rd

City Pittsburgh State PA Zip Code 15243-1873

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

Name of Employer South Hills Radiology Associates
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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360811

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 6110 N Paseo Zaldivar

City Tucson State AZ Zip Code 85750-1294

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

Name of Employer Radiology Ltd
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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360813

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Kulwicz

Mailing Address 185 Monarch Rd

City Glenwood Springs State CO Zip Code 81601-9413

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

Name of Employer Mountain Radiology, PC
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 0 / 2 8 / 2 0 1 0

Transaction ID: 37360959

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 194
(check only one)

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

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

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

A.

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

Mailing Address 5001 Johnson Rd

City Lincoln State NE Zip Code 68516-9488

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

Name of Employer: Lincoln Radiology Group, PC
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37360960
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 1133 Bal Harbor Blvd Unit 1139-106

City Punta Gorda State FL Zip Code 33950-6577

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

Name of Employer: Self-employed
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37360961
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Maria Chong

Mailing Address 15617 NE 153rd St

City Woodinville State WA Zip Code 98072-8126

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

Name of Employer: Radia Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362347
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Luther Creed

Mailing Address Desert Radiologists
2020 Palomino Ln Ste 100

City Las Vegas State NV Zip Code 89106-4812

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

Name of Employer Desert Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362349
Amount of Each Receipt this Period: 250.00

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

Mailing Address 27 Chelseas Walk

City Ithaca State NY Zip Code 14850-1087

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

Name of Employer Radiology Associates of Ithaca Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362351
Amount of Each Receipt this Period: 365.00

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

Mailing Address 608 Creek Ln

City Flourtown State PA Zip Code 19031-1113

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

Name of Employer Radiology Group of Abington Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362353
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 11 Walnut Park Dr

City State Zip Code
Chico CA 95928-8101

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 Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37362355

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Craig Bruner

Mailing Address 5931 High Dr

City State Zip Code
Mission Hills KS 66208-1202

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

Name of Employer United Imaging Consultants 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362360

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicholas Manuel

Mailing Address 139 Kincaid Ln

City State Zip Code
Boyce LA 71409-9626

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

Name of Employer Central Louisiana Imaging, Inc. 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362365

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3335 Brookview Dr

City State Zip Code
Eugene OR 97401-1595

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

Name of Employer Occupation
Oregon Medical Group 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362366

Amount of Each Receipt this Period
500.00

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

Mailing Address 3440 Saddlebrook Ln

City State Zip Code
Weston FL 33331-3000

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

Name of Employer Occupation
Radiology Associates of Hollywood 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362367

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Farida Ahmed

Mailing Address 60 E Monroe St Apt 1601

City State Zip Code
Chicago IL 60603-2747

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

Name of Employer Occupation
Addison Radiology, S.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 37362368

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 64 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 513 Clarion Drive

City State Zip Code
Gillette WY 82718-7596

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

Name of Employer Occupation
Gillette Medical Imaging, P.C. 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362372

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ericha Benshoff

Mailing Address 5827 Rivoli Drive

City State Zip Code
Macon GA 31210-1449

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

Name of Employer Occupation
Radiology Associates of Macon 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362373

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Benjamin Z. Stallings, II

Mailing Address 2100 Sahalea Ter

City State Zip Code
Silver Spring MD 20905-3900

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

Name of Employer Occupation
DIA 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362375

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Amir Batouli

Mailing Address 324 Lantern Lane

City Chambersburg State PA Zip Code 17201-3299

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362376
Amount of Each Receipt this Period: 260.00

B.

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

Mailing Address 828 S 5th St

City Chambersburg State PA Zip Code 17201-3747

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362379
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Henry Ching

Mailing Address 854 Rosewood Ct

City Chambersburg State PA Zip Code 17201-2891

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362380
Amount of Each Receipt this Period: 260.00

SUBTOTAL of Receipts This Page (optional) ► **770.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Peter J.W. Fang

Mailing Address 930 Dewberry Court

City Chambersburg State PA Zip Code 17201-2870

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362382
Amount of Each Receipt this Period: 260.00

B.

Full Name (Last, First, Middle Initial)
Dr. George Galanis

Mailing Address 7914 Golf Vista Dr.

City Greencastle State PA Zip Code 17225-9286

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362383
Amount of Each Receipt this Period: 260.00

C.

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

Mailing Address 1391 Hearthside Dr

City Chambersburg State PA Zip Code 17202-3389

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

Name of Employer Chambersburg Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: 37362385
Amount of Each Receipt this Period: 260.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Philip J. Sabri

Mailing Address PO Box 693

City State Zip Code
Chambersburg PA 17201-0693

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

Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 37362386

Amount of Each Receipt this Period
260.00

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

Mailing Address P O Box 693

City State Zip Code
Chambersburg PA 17201-0693

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

Name of Employer Chambersburg Imaging Assoc PC Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 37362387

Amount of Each Receipt this Period
260.00

C. Full Name (Last, First, Middle Initial)
Dr. Niteen Sukerkar

Mailing Address 950 Dewberry Ct

City State Zip Code
Chambersburg PA 17201-2870

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

Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 37362388

Amount of Each Receipt this Period
260.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. James M. Moorefield

Mailing Address 1980 Maple Glen Rd

City State Zip Code
Sacramento CA 95864-1677

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

Name of Employer Occupation
West Mercy 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
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37362389

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Tushar Kothari

Mailing Address 3260 Legacy Trce

City State Zip Code
Cincinnati OH 45237-1726

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

Name of Employer Occupation
Radiology Associates of NO. KY 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362672

Amount of Each Receipt this Period
250.00

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

Mailing Address 721 12th Ave SW

City State Zip Code
Rochester MN 55902-2027

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

Name of Employer Occupation
Mayo Clinic Diagnostic Radiologist

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

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

Transaction ID: 37362677

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 194
(check only one)

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

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

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

A.

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

Mailing Address 141 Beaumont Ct

City State Zip Code
Wilmington NC 28412-8267

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

Name of Employer Occupation
Delaney Radiologists, P.A. 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 Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37362678

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 16 Brookfield Rd

City State Zip Code
Wellesley MA 02481-2421

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

Name of Employer Occupation
Caritas Good Samaritan Ho-spita 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 Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37362680

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 10630 Cromwell Dr

City State Zip Code
Lincoln NE 68516-9253

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

Name of Employer Occupation
Advanced Medical Imaging Radiology Ass Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 37362684

Amount of Each Receipt this Period
750.00

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

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

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

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

FOR LINE NUMBER: PAGE 70 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 11153 E Rosemary Ln

City State Zip Code
Scottsdale AZ 85255-2431

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

Name of Employer Occupation
Huron Valley Radiology, P.C. 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 0 / 2 8 / 2 0 1 0

Transaction ID: 37362685

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Andy Tyber

Mailing Address Northside Radiology Associates
5775 Glenridge Dr NE Ste B360

City State Zip Code
Atlanta GA 30328-5380

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

Name of Employer Occupation
Northside Radiology Associates 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 Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37362687

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Andrea Walker

Mailing Address 11011 Owl Creek Ln

City State Zip Code
Louisville KY 40223-2450

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

Name of Employer Occupation
Radiology Associates, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 37362688

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 194
(check only one)

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

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

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

A.

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

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

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

Name of Employer Occupation
Lancaster Radiology Associates Radiation Oncologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37379257

Amount of Each Receipt this Period

252.00

B.

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

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code
Lancaster PA 17601-5762

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

Name of Employer Occupation
Lancaster Radiology Associates 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
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37379270

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 260 Eshelman Rd

City State Zip Code
Lancaster PA 17601-5645

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

Name of Employer Occupation
Lancaster Radiology Associates 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
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37379271

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

852.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City State Zip Code
Manheim PA 17545-9461

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

Name of Employer Occupation
Lancaster Radiology Associates 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 0 / 2 9 / 2 0 1 0

Transaction ID: 37379275

Amount of Each Receipt this Period
300.00

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

Mailing Address 1965 Glendower Dr

City State Zip Code
Lancaster PA 17601-4945

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

Name of Employer Occupation
Lancaster Radiology Associates 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 0 / 2 9 / 2 0 1 0

Transaction ID: 37379276

Amount of Each Receipt this Period
300.00

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

Mailing Address 1110 Laurel Pl

City State Zip Code
Athens GA 30606-5789

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

Name of Employer Occupation
Athens Radiology Associates Diagnostic Radiologist

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

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

Transaction ID: 37384514

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 194
(check only one)

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

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

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

A.

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

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

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

Name of Employer Occupation
Jersey Shore Radiology As- Diagnostic Radiologist
sociates

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: 37384520

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 302 Topwater Ln

City State Zip Code
Greensboro NC 27455-3423

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

Name of Employer Occupation
Greensboro Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

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

Transaction ID: 37384522

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wilma Rodriguez-Mojica

Mailing Address Parque De Las Fuentes
690 Calle Cesar Gonzalez Apt 2403

City State Zip Code
San Juan PR 00918-3907

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) ▼ 250.00

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

Transaction ID: 37384524

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2153

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

Name of Employer Radiology Associates of Birmingham 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 0 / 2 9 / 2 0 1 0

Transaction ID: 37384525

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City San Diego State CA Zip Code 92130-2789

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

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384527

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jose Barreras

Mailing Address Rey Jorge Apt 378
La Villa de Torrimar

City Guaynabo State PR Zip Code 00969-3225

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

Name of Employer St Vincent's Med Ctr of Richmond 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 Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384528

Amount of Each Receipt this Period

25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 194
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Francisco Arraiza

Mailing Address A-19 Villas De Tintillo

City State Zip Code
Guaynabo PR 00966

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

Name of Employer Occupation
Baylor College of Medicine 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 Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384529

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
DR Carlos Mendez-Buso

Mailing Address 400 Ave FD Roosevelt Ste 101

City State Zip Code
San Juan PR 00918-2129

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

Name of Employer Occupation
Temple Univ Hosp-Temple Univ Sch 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 Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384530

Amount of Each Receipt this Period
25.00

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

Mailing Address 939 Quarter Round Road

City State Zip Code
Pacolet SC 29372-3516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: 37384531

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Stuart Markowitz		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address Jefferson Radiology PC 85 Seymour St Ste 200		Transaction ID: 37384532
City Hartford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Terri T. Samuel		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 13766 Amblewind PI		Transaction ID: 37384533
City Westfield	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Indiana University	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. James Webb		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 9132 E 101st PI		Transaction ID: 37384534
City Tulsa	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Oklahoma Health Sci Ctr	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	305.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Radiology Associates of Birmingham, PC Occupation Diagnostic Radiologist

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

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384535
Amount of Each Receipt this Period: 100.00

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

Mailing Address 4315 Gosford PI

City Charlotte State NC Zip Code 28277-4546

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 652.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384536
Amount of Each Receipt this Period: 40.00

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

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 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 ▼ 420.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384537
Amount of Each Receipt this Period: 42.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Carl D'Orsi

Mailing Address Emory Univ Hosp
1701 Uppergate Dr 1st Fl C1104

City Atlanta State GA Zip Code 30322-0001

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

Name of Employer Emory University 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 0 / 2 9 / 2 0 1 0

Transaction ID: 37384538

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address Medical College of Georgia
1120 15th St BA1414

City Augusta State GA Zip Code 30912-0006

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

Name of Employer Medical College of Georgia Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384539

Amount of Each Receipt this Period
83.34

C.

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

Mailing Address 10525 Concord School Rd

City Saint Louis State MO Zip Code 63128-1232

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384542

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ▶

193.34

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

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

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

FOR LINE NUMBER: PAGE 79 / 194
(check only one)

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

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

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

A.

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

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384543

Amount of Each Receipt this Period

42.00

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**

Name of Employer Occupation
Greenville Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 378.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384544

Amount of Each Receipt this Period

42.00

C.

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

Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326

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

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384546

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 194

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Gregory Galdino		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 9 Applestone Dr		Transaction ID: 37384548		
	City Jackson	State TN	Zip Code 38305-6919	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
Name of Employer Jackson Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

B.	Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 37384549		
	City Alexandria	State LA	Zip Code 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 ▼ 833.40			

C.	Full Name (Last, First, Middle Initial) Dr. Van Wadlington		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 3805 Knollwood Ln		Transaction ID: 37384550		
	City Birmingham	State AL	Zip Code 35243-5913	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Radiology Associates of Birmingham, P.		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) ▶

150.01

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 194
(check only one)

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

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

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

A.

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

Mailing Address 3720 Rabbit Creek Ct

City State Zip Code
Theodore AL 36582-2505

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

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Mobile

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384551

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

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

Name of Employer Occupation
The Imaging Institute Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 833.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384556

Amount of Each Receipt this Period

83.34

C.

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

Mailing Address Greenville Radiology PA
1210 W Faris Rd

City State Zip Code
Greenville SC 29605-4444

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

Name of Employer Occupation
Greenville Hospital 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
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384558

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

143.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 194

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Amy Kirby		Date of Receipt
	Mailing Address 5209 Pulchella Drive		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Oklahoma City	OK	73142-6811
	FEC ID number of contributing federal political committee. C		Transaction ID: 37384559
Name of Employer Eagle Eye Imaging		Occupation Radiology Resident	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2100.00"/>	<input type="text" value="200.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Arthur Sandy		Date of Receipt
	Mailing Address 2821 Argyle Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Birmingham	AL	35213-3403
	FEC ID number of contributing federal political committee. C		Transaction ID: 37384568
Name of Employer Advanced Imaging Assoc of AL		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Deborah Agisim		Date of Receipt
	Mailing Address 5600 Laurium Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28226-5610
	FEC ID number of contributing federal political committee. C		Transaction ID: 37384569
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="40.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 194

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Fernando Zalduondo

Mailing Address San Patricio MRI & CT Ctr
280 Ave Marginal Kennedy

City State Zip Code
Guaynabo PR 00968-1746

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

Name of Employer Occupation
San Petricio MRI & Ct Ctr Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384570

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address Allegheny General Hospital
320 E North Ave

City State Zip Code
Pittsburgh PA 15212-4772

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

Name of Employer Occupation
Allegheny General Hospital 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 0 / 3 0 / 2 0 1 0

Transaction ID: 37384659

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3 Brookside Ln

City State Zip Code
Saint Louis MO 63124-1814

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

Name of Employer Occupation
West County Radiological Group Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37384662

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 194
(check only one)

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

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

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

A.

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

Mailing Address Univ of Iowa Hosp and Clinics
200 Hawkins Dr

City State Zip Code
Iowa City IA 52242-1009

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

Name of Employer Occupation
Univ of Iowa Hosp and Clinics 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 0 / 3 0 / 2 0 1 0

Transaction ID: 37384672

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1853 S 107th St

City State Zip Code
Omaha NE 68124-1065

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

Name of Employer Occupation
Radiological Center Inc. 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 0 / 3 0 / 2 0 1 0

Transaction ID: 37384676

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 110 S Front St Ste 800

City State Zip Code
Philadelphia PA 19106-3000

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384704

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. James Husted		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address Crozier-Chester Med Ctr 1 Medical Center Blvd		Transaction ID: 37384705
City Chester	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Southeast Radiology, Ltd.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Damon Soeiro		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 102 S Swarthmore Ave		Transaction ID: 37384706
City Swarthmore	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Southeast Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Joseph Stock		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 115 Plush Mill Road		Transaction ID: 37384707
City Wallingford	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Southeast Radiology, Ltd.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City Wallingford State PA Zip Code 19086-6208

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384708
 Amount of Each Receipt this Period: 120.00

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

Mailing Address 5 Hilltop Rd

City Rose Valley State PA Zip Code 19086-6216

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384709
 Amount of Each Receipt this Period: 120.00

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

Mailing Address 915 Westdale Avenue

City Swarthmore State PA Zip Code 19081-2223

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 37384710
 Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 194
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Chad Brecher		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 235 S Wayne Ave		Transaction ID: 37384711		
	City Wayne	State PA	Zip Code 19087-4820	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeast Radiology	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

B.	Full Name (Last, First, Middle Initial) Dr. Jay Kleinman		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2130 Greenbrier Dr		Transaction ID: 37384712		
	City Villanova	State PA	Zip Code 19085-1708	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeast Radiology, Ltd.	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

C.	Full Name (Last, First, Middle Initial) Dr. Andrew Gordon		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 150 Glenwood Road		Transaction ID: 37384713		
	City Haddonfield	State NJ	Zip Code 08033-3427	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeast Radiology	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

SUBTOTAL of Receipts This Page (optional) ▶

360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City State Zip Code
Media PA 19063-6319

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384714

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Amr El Jack

Mailing Address 2223 E Deerfield Drive

City State Zip Code
Media PA 19063-1833

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384715

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City State Zip Code
Media PA 19063-4518

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

Name of Employer Occupation
Southeast Radiology Ltd. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384716

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City State Zip Code
Newtown Square PA 19073-3047

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384717

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. K. Ramprasad

Mailing Address 116 Harwicke Road

City State Zip Code
Springfield PA 19064-2410

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384718

Amount of Each Receipt this Period
120.00

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

Mailing Address 24 Charter Oak Dr

City State Zip Code
Newtown Square PA 19073-3020

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384720

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 90 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City State Zip Code
Wilmington DE 19808-1370

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384721

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. Irene Woo

Mailing Address 6 Greystone Cir

City State Zip Code
Newtown Square PA 19073-4422

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384722

Amount of Each Receipt this Period
120.00

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

Mailing Address 1405 Wesleys Run

City State Zip Code
Gladwyne PA 19035-1049

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384723

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City State Zip Code
Chadds Ford PA 19317-8925

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384724

Amount of Each Receipt this Period
120.00

B.

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

Mailing Address 2035 Grantham Rd

City State Zip Code
Berwyn PA 19312-2119

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

Name of Employer Southeast Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384726

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City State Zip Code
Newtown Square PA 19073-3953

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 37384727

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 194
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City State Zip Code
Media PA 19063-2051

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384728

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia Saluk

Mailing Address 916 Winding Way

City State Zip Code
Media PA 19063-1656

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384729

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)

Dr. C Amy Wilson

Mailing Address 146 W Tulpehocken St

City State Zip Code
Philadelphia PA 19144-2620

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

Name of Employer Occupation
Southeast Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37384730

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Justin Blum		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 11 Kershaw Road		Transaction ID: 37384731		
	City Wallingford	State PA	Zip Code 19086-6203	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Southeast Radiology		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 480.00			

B.	Full Name (Last, First, Middle Initial) Dr. Lara Eisenberg		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 1020 Towlston Rd		Transaction ID: 37510716		
	City McLean	State VA	Zip Code 22102-1111	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Doctors Groover, Christie, & Meritt		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. John Roth		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 1693 Montane Drive East		Transaction ID: 37510717		
	City Golden	State CO	Zip Code 80401-8094	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Diversified Radiology of CO., P.C.		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1370.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. James Rademacher		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address Rutland Regional Medical Center 160 Allen St		Transaction ID: 37510720
City Rutland	State VT	Zip Code 05701-4595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VT Physicians Clinic	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. Roshan Sivagnanam		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 21 Prices Ln		Transaction ID: 37510722
City Castleton	State VT	Zip Code 05735-9165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vermont Physicians Clinic	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. Michael Tuite		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 7699 Leta Way		Transaction ID: 37510723
City Verona	State WI	Zip Code 53593-8631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Wisconsin 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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Subbarao Inampudi

Mailing Address 11571 Cedar Pass

City State Zip Code
Minnetonka MN 55305-2972

FEC ID number of contributing federal political committee. **C**

Name of Employer
Consulting Radiologists, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37510724

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Giles Boland

Mailing Address MGH White 270C
32 Fruit St

City State Zip Code
Boston MA 02114-2620

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37510726

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John H. Fulcher

Mailing Address 111 Four Lakes Dr

City State Zip Code
Easley SC 29642-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer
Greenville Hospital

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37510746

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. S Leon Burrows

Mailing Address 8129 Kloshe Ct S

City Salem State OR Zip Code 97306-9761

FEC ID number of contributing federal political committee. **C**

Name of Employer Salem Radiology Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2010
Transaction ID: 37510747
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anthony Warden

Mailing Address 115 Valley Brook Dr SE

City Rome State GA Zip Code 30161-5965

FEC ID number of contributing federal political committee. **C**

Name of Employer Rome Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2010
Transaction ID: 37510748
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Hendrick, JR

Mailing Address 43 Clarks Chapel Rd

City Nassau State NY Zip Code 12123-2609

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Care Physicians Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2010
Transaction ID: 37510749
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Sue

Mailing Address 1481 S King St Ste 202

City Honolulu State HI Zip Code 96814-2692

FEC ID number of contributing federal political committee. **C**

Name of Employer: Yeoh & Muranaka, MD, Inc. Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37511042
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michele Oplinger

Mailing Address 315 Wingspread Dr

City Reading State PA Zip Code 19606-9063

FEC ID number of contributing federal political committee. **C**

Name of Employer: West Reading Radiology Associates Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37511043
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Nancy Gadziala

Mailing Address 216 Clover Hills Dr

City Rochester State NY Zip Code 14618-4710

FEC ID number of contributing federal political committee. **C**

Name of Employer: Borg & IDE Imaging Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37511044
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Vivian Miller

Mailing Address 81 Cheshire Dr

City State Zip Code
Longmeadow MA 01106-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology & Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37511045

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr. Peter Van Geertruyden

Mailing Address 120 Seaton Place, NW

City State Zip Code
Washington DC 20001-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Eagle Eye Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37511099

Amount of Each Receipt this Period
250.00

C.

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 ▼ 540.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514294

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **695.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City State Zip Code
Trent Woods NC 28562-7441

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514295
Amount of Each Receipt this Period 80.00

B. Full Name (Last, First, Middle Initial)
Dr. Samuel Buff

Mailing Address Coastal Radiology Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514296
Amount of Each Receipt this Period 80.00

C. 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 Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514297
Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code
New Bern NC 28562-6446

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514298

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher Flye

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514299

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Dr. James Lorentzen

Mailing Address Coastal Radiology
PO Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514300

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Stephen Sides		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 112 Allen Dr		Transaction ID: 37514301		
	City New Bern	State NC	Zip Code 28562-7751	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Coastal Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Dr. Timothy Sloan		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address PO Box 12065		Transaction ID: 37514302		
	City New Bern	State NC	Zip Code 28561-2065	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Coastal Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) Dr. John A. Snyder		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address PO Box 12065		Transaction ID: 37514303		
	City New Bern	State NC	Zip Code 28561-2065	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Coastal Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. James Tarver

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514304

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Dr. Garret Young

Mailing Address 210 Bridge Pointe Dr

City State Zip Code
New Bern NC 28562-6419

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514305

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicole Abinanti-Kotula

Mailing Address 5808 Laurium Rd

City State Zip Code
Charlotte NC 28226-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514306

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **181.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Barr

Mailing Address Mecklenburg Radiology Assoc
PO Box 221249

City State Zip Code
Charlotte NC 28222-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514307

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
Dr. John Black

Mailing Address 19825 River Falls Dr

City State Zip Code
Davidson NC 28036-8869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514308

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
Dr. Martin Burns

Mailing Address 2026 Beverly Drive

City State Zip Code
Charlotte NC 28207-2602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514309

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Kevin W. Carroll

Mailing Address 2006 Floral Ave

City State Zip Code
Charlotte NC 28203-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514310

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven Genkins

Mailing Address 6805 Honors Ct

City State Zip Code
Charlotte NC 28210-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514311

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian H. Hamilton

Mailing Address 7211 Seton House Ln

City State Zip Code
Charlotte NC 28277-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklinburg Rad Assoc Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514312

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Victor Ho

Mailing Address 4539 Mullens Ford Rd

City State Zip Code
Charlotte NC 28226-5038

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Associates, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514313
Amount of Each Receipt this Period 21.00

B. Full Name (Last, First, Middle Initial)
Dr. Bennett Hollenberg

Mailing Address 3738 Abingdon Rd

City State Zip Code
Charlotte NC 28211-3747

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Associates, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514314
Amount of Each Receipt this Period 21.00

C. Full Name (Last, First, Middle Initial)
Dr. Erik Insko

Mailing Address 9120 Easton Grey Ln

City State Zip Code
Charlotte NC 28277-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer University of PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514315
Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional) ► 63.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Gregory Joseph

Mailing Address 2601 Sedley Rd

City State Zip Code
Charlotte NC 28211-3656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514316

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Kapustin

Mailing Address 2608 Flintgrove Rd

City State Zip Code
Charlotte NC 28226-5619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514317

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Dr. Frank Kosarek

Mailing Address PO Box 221249

City State Zip Code
Charlotte NC 28222-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514318

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. John Nixon

Mailing Address 2126 Edenton Rd

City State Zip Code
Charlotte NC 28211-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514319

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert Quarles

Mailing Address Mecklenburg Radiology Assoc
PO Box 221249

City State Zip Code
Charlotte NC 28222-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514320

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Dr. Shawn Quillin

Mailing Address 4522 N Parview Dr

City State Zip Code
Charlotte NC 28226-3449

FEC ID number of contributing federal political committee. **C**

Name of Employer Mecklenburg Radiology Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514321

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Scanga

Mailing Address 3031 Wickersham Rd

City State Zip Code
Charlotte NC 28211-3222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vanderbilt Univ Med Ctr-V-anderbilt Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514322

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
Dr. David Scovill

Mailing Address 127 Wild Harbor Rd

City State Zip Code
Mooreville NC 28117-6038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514323

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Tobben

Mailing Address 4810 Gaynor Rd

City State Zip Code
Charlotte NC 28211-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mecklenburg Radiology Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 37514324

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Donald Toothman		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 18307 Bowsprit Pointe Road		Transaction ID: 37514325
City Cornelius	State NC	Zip Code 28031-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- oc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel Uri		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 5001 Kimblewyck Ln		Transaction ID: 37514326
City Charlotte	State NC	Zip Code 28226-6465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- ociates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas Zban		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 2051 Brandon Cir		Transaction ID: 37514327
City Charlotte	State NC	Zip Code 28211-1650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- ociates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	63.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Raymond Thomas

Mailing Address Florence Radiological
515 Rosewood Drive

City State Zip Code
Florence SC 29501-5455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florence Radiological Ass- Diagnostic Radiologist
ociates

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514328

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce White, JR

Mailing Address 400 Cherokee Rd

City State Zip Code
Florence SC 29501-5229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florence Radiological Ass- Diagnostic Radiologist
ociates, P.A.

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 / 0 5 / 2 0 1 0

Transaction ID: 37514379

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)
Dr. Cheney Meiere, JR

Mailing Address 2204 Windsor Forest Dr

City State Zip Code
Florence SC 29501-2069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florence Radiological Ass- Diagnostic Radiologist
ociates, P.A.

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 / 0 5 / 2 0 1 0

Transaction ID: 37514380

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Gregor Cleveland		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 3108 Oliver Rd		Transaction ID: 37514381		
	City Timmonsville	State SC	Zip Code 29161-9388	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florence Radiological Associates, P.A.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Samuel Hill, IV		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1860 Houndsfield Dr		Transaction ID: 37514382		
	City Florence	State SC	Zip Code 29506-8552	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florence Radiological Associates, P.A.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. John McCown		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 2101 Krinsten's Ch		Transaction ID: 37514383		
	City Florence	State SC	Zip Code 29501-8346	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florence Radiological Associates, P.A.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Jonathan Williams

Mailing Address 1329 Lazar Pl

City State Zip Code
Florence SC 29501-5664

FEC ID number of contributing federal political committee. **C**

Name of Employer Florence Radiological Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514385

Amount of Each Receipt this Period
62.50

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Allen

Mailing Address 3323 Tennyson Dr

City State Zip Code
Florence SC 29501-7384

FEC ID number of contributing federal political committee. **C**

Name of Employer Florence Radiological Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514386

Amount of Each Receipt this Period
62.50

C.

Full Name (Last, First, Middle Initial)
Dr. Mary Lewis

Mailing Address 2513 Trotter Rd

City State Zip Code
Florence SC 29501-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer Florence Radiological Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514387

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **187.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Noel Phipps		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1016 Lindberg Dr		Transaction ID: 37514388		
	City Florence	State SC	Zip Code 29501-5654	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C		Name of Employer Florence 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 ▼ 250.00					

B.	Full Name (Last, First, Middle Initial) Dr. Stephen Christian		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1410 DeBerry Blvd		Transaction ID: 37514389		
	City Florence	State SC	Zip Code 29501-5602	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C		Name of Employer Florence 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 ▼ 250.00					

C.	Full Name (Last, First, Middle Initial) Dr. Matthew J. Cerny, JR		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address PO Box 1346		Transaction ID: 37514490		
	City Dillon	State SC	Zip Code 29536-1346	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C		Name of Employer Florence 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 ▼ 250.00					

SUBTOTAL of Receipts This Page (optional) ▶

187.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Kenneth Berkenstock

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancaster Radiology Associates Radiation Oncologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514491

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Kramer

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code
Lancaster PA 17601-5762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancaster Radiology Associates 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
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514499

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Paul Leslie

Mailing Address 260 Eshelman Rd

City State Zip Code
Lancaster PA 17601-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancaster Radiology Associates 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
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514500

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

284.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City State Zip Code
Manheim PA 17545-9461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514504

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Simon Westacott

Mailing Address 1965 Glendower Dr

City State Zip Code
Lancaster PA 17601-4945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514505

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Beland

Mailing Address 10 Keyes Ct

City State Zip Code
East Greenwich RI 02818-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514508

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 194	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Jerrold Boxerman	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 24 Eisenhower Dr	Transaction ID: 37514509
	City State Zip Code Sharon MA 02067-2413	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Rhode Island Medical Imaging Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Brody	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address Rhode Island Hospital 593 Eddy St	Transaction ID: 37514510
	City State Zip Code Providence RI 02903-4970	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Rhode Island Medical Imaging Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Cassese	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 200 Boulder Way	Transaction ID: 37514511
	City State Zip Code East Greenwich RI 02818-5101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Rhode Island Medical Imaging Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Kevin Chang

Mailing Address 73 Norwood St

City State Zip Code
Sharon MA 02067-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514512

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Cronan

Mailing Address 6 Atlantic Crossing

City State Zip Code
Barrington RI 02806-2358

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514513

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Linda Donegan

Mailing Address 125 Juniper Dr

City State Zip Code
East Greenwich RI 02818-1371

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514514

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Dubel

Mailing Address Brown Univ-Rhode Island Hosp
593 Eddy St

City Providence State RI Zip Code 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514515
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Damian Dupuy

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514516
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Peter Evangelista

Mailing Address 24 Kayla Ricci Way

City Saunderstown State RI Zip Code 02874-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514517
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Holly Gil

Mailing Address 17 Adams Point Rd

City State Zip Code
Barrington RI 02806-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rhode Island Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514518

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel Golding

Mailing Address 6 Tina Court

City State Zip Code
East Greenwich RI 02818-1391

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rhode Island Medical Imaging I
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514519

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Grand

Mailing Address 21 Westford Rd

City State Zip Code
Providence RI 02906-4943

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rhode Island Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514520

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Haas

Mailing Address 405 Seaside Dr

City State Zip Code
Jamestown RI 02835-2376

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514521

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thaddeus Herliczek

Mailing Address 14 Winterberry Lane

City State Zip Code
Westport MA 02790-2638

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514522

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mary Hillstrom

Mailing Address 5 Whitney Dr

City State Zip Code
Lincoln RI 02865-4639

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514523

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Abdel Jaffan

Mailing Address 100 Exchange St Unit 805

City State Zip Code
Providence RI 02903-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RI Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bryan Jay

Mailing Address 9 Harbour Rd

City State Zip Code
Barrington RI 02806-4410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514525

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mahesh Jayaraman

Mailing Address 62 York Rd

City State Zip Code
Mansfield MA 02048-1761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Hanan Khalil		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address Rhode Island Medical Imaging Inc 20 Catamore Blvd		Transaction ID: 37514527
City East Providence	State RI	Zip Code 02914-1204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bridgeport Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Susan Koelliker		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 5 Lighthouse Ln		Transaction ID: 37514528
City Barrington	State RI	Zip Code 02806-2829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Alexander Kowal		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 45 Carousel Dr		Transaction ID: 37514529
City Riverside	State RI	Zip Code 02915-3682
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Lazarus

Mailing Address 9 Half Mile Rd

City State Zip Code
Barrington RI 02806-4113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Hospital 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 / 0 5 / 2 0 1 0

Transaction ID: 37514533

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Levine

Mailing Address Rhode Island Hospital
593 Eddy St

City State Zip Code
Providence RI 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514534

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ana Lourenco

Mailing Address 7 Weston Ave

City State Zip Code
Foxboro MA 02035-1863

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging Resident

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 / 0 5 / 2 0 1 0

Transaction ID: 37514535

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Martha Mainiero

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514536
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Mayo-Smith

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514537
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kathleen McCarten

Mailing Address 12 Oak Hill Dr

City Lincoln State RI Zip Code 02865-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Med Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2010
Transaction ID: 37514538
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr. Brian Murphy</p> <p>Mailing Address 81 Mathewson Rd</p> <hr/> <p>City State Zip Code Barrington RI 02806-4429</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rhode Island Medical Imaging</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37514539</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	5	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Dr. David Neumann</p> <p>Mailing Address 20 Pardons Wood Ln</p> <hr/> <p>City State Zip Code East Greenwich RI 02818-1446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rhode Island Medical Imaging</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37514540</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	5	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Dr. Arthur Noel</p> <p>Mailing Address Rhode Island Medical Imaging Inc 20 Catamore Blvd</p> <hr/> <p>City State Zip Code East Providence RI 02914-1204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rhode Island Medical Imaging</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37514541</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	5	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Noto

Mailing Address 1 Ferncliffe Rd

City State Zip Code
Barrington RI 02806-4017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514542

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Pezzullo

Mailing Address 175 Downing Dr

City State Zip Code
Johnston RI 02919-6441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514543

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marcelle Piccoello

Mailing Address Rhode Island Medical Imaging
PO Box 14717

City State Zip Code
East Providence RI 02914-0717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging 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 / 0 5 / 2 0 1 0

Transaction ID: 37514544

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Rogg

Mailing Address 60 Pheasant Dr

City State Zip Code
East Greenwich RI 02818-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514545

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Ryvicker

Mailing Address 46 Alton Rd

City State Zip Code
Providence RI 02906-4704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514546

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Soares

Mailing Address Rhode Island Hospital
593 Eddy St

City State Zip Code
Providence RI 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 37514547

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Julie Song		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 9 Lu Stubbs Ln		Transaction ID: 37514548		
	City Sharon	State MA	Zip Code 02067-2367	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Rhode Island Medical Imaging		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

B.	Full Name (Last, First, Middle Initial) Dr. Patricia Spencer		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address Women & Infants Hospital 101 Dudley St Floor 0 Rm 0615		Transaction ID: 37514549		
	City Providence	State RI	Zip Code 02905-2401	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Rhode Island 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					

C.	Full Name (Last, First, Middle Initial) Dr. Glenn Tung		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 12 Knife Shop Ln		Transaction ID: 37514550		
	City Sharon	State MA	Zip Code 02067-2274	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Brown Univ Sch of Medicine		
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)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michael Wallach

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4970

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: 37514551
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Don Yoo

Mailing Address 10 Wood Duck Ct

City East Greenwich State RI Zip Code 02818-1350

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: 37514552
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. John Grimme

Mailing Address 2315 W 28th Ave

City Eugene State OR Zip Code 97405-5901

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of North Carolina Hospitals Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 37531739
 Amount of Each Receipt this Period: 210.00

SUBTOTAL of Receipts This Page (optional) ► **710.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. James Johnson

Mailing Address 105 Ashton Ln

City Salisbury State NC Zip Code 28147-7212

FEC ID number of contributing federal political committee. **C**

Name of Employer: Piedmont Radiological Associates, P.A. Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 37531740
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Little

Mailing Address 12817 95th Ave NE

City Kirkland State WA Zip Code 98034-2764

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: 1000.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 37531741
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Landrum

Mailing Address Mountain Home Radiology Consul
PO Box 2008

City Mountain Home State AR Zip Code 72654-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mountain Home Radiology Consultants Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 37531843
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) **1750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Mark Salerno

Mailing Address 101 Alder Lane

City State Zip Code
Franklin PA 16323-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Pennsylvania Medical Cen Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 37531844

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Brian Kaineg

Mailing Address 3558 Ranier Dr NW

City State Zip Code
Atlanta GA 30327-2636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 37533119

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Justin Smith

Mailing Address 8488 Hunts Point Ln

City State Zip Code
Hunts Point WA 98004-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Inland Imaging Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 37533121

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Helinek

Mailing Address Reading Hosp and Med Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

FEC ID number of contributing federal political committee. **C**

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2010
Transaction ID: 37533122
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. David Gerson

Mailing Address 771 Cypress Lake Circle

City Fort Myers State FL Zip Code 33919-6011

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Radiology Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2010
Transaction ID: 37533123
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jerel Saito

Mailing Address Radiology Group
941 Kamehameha Hwy Ste 208

City Pearl City State HI Zip Code 96782-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer The Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 37551968
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. James Timmons

Mailing Address 2777 Bronson Blvd

City State Zip Code
Kalamazoo MI 49008-2364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiology Consultants PC 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 5 / 2 0 1 0

Transaction ID: 37551969

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert Brown

Mailing Address 2405 Brentwood Dr

City State Zip Code
Houston TX 77019-3307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southwest Radiology 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 5 / 2 0 1 0

Transaction ID: 37551971

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Divyesh Patel

Mailing Address 1143 Treadway Rd

City State Zip Code
Munster IN 46321-2856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiologic Associates of Northwest Ind 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 Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37551972

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Stephen Dalton

Mailing Address 11710 Winshire Cir

City State Zip Code
Houston TX 77024-6311

FEC ID number of contributing federal political committee. **C**

Name of Employer: Memorial Radiology Associates, P.A.
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 37551975
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Charles Williams

Mailing Address 456 Carr Ln

City State Zip Code
Tallahassee FL 32312-8043

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiology Associates of Tallahassee
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 37551976
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Carlos Cardenas

Mailing Address 2620 Pegasus Dr

City State Zip Code
Colorado Springs CO 80906-6723

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiology & Imaging Consultants
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 37553127
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Peter Bove		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1165 Woodmere Dr		Transaction ID: 37553128
City Winter Park	State FL	Zip Code 32789-2667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yale-New Haven Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Thomas Suby-Long		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 9995 S Stratford Pl		Transaction ID: 37553129
City Highlands Ranch	State CO	Zip Code 80126-4255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Diversified Radiology of Colorado	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. Michael D'Angelo		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 18 Mackenzie Ct		Transaction ID: 37553130
City Freehold	State NJ	Zip Code 07728-8477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Radiology 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)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Goren

Mailing Address 722 Sussex Rd

City Wynnewood State PA Zip Code 19096-2414

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 37553134
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. David Kelly

Mailing Address 30 Oakwood Dr

City Queensbury State NY Zip Code 12804-1328

FEC ID number of contributing federal political committee. **C**

Name of Employer Adirondack Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 37553135
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. J Michael Pearson

Mailing Address 2 Camelot Ct

City Lake Oswego State OR Zip Code 97034-7304

FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 37553138
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Drs Grover, Christie & Merritt Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 880.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553139

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Roger Cronk

Mailing Address 1505 Eagle Ridge Rd NE

City State Zip Code
Albuquerque NM 87122-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
X-Ray Associates of NM, PC Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553142

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. James Sloves

Mailing Address 4870 W Pinewild Rd

City State Zip Code
Reno NV 89511-2779

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Holy Cross Hospital Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553147

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David Harry

Mailing Address 136 Highview Rd

City State Zip Code
Stephenson VA 22656-2105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Winchester Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553148

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City State Zip Code
Iowa City IA 52246-8716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiologic Medical Services, Coralvill Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553149

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Randall S. Winn

Mailing Address Reading Hospital & Med Ctr
PO Box 16052

City State Zip Code
Reading PA 19612-6052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West Reading Radiology Assoc Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553150

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Raymond Tu

Mailing Address 1539 27th St NW

City State Zip Code
Washington DC 20007-3030

FEC ID number of contributing federal political committee. **C**

Name of Employer Progressive Radiology 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 / 1 5 / 2 0 1 0

Transaction ID: 37553152

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bill Warren

Mailing Address UWMC
Box 357115

City State Zip Code
Seattle WA 98195-7115

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Washington 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 / 1 5 / 2 0 1 0

Transaction ID: 37553153

Amount of Each Receipt this Period

250.00

C.

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 Foundati-
on 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 Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37553168

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Tocci

Mailing Address 437 Triton Road

City State Zip Code
Ormond Beach FL 32176-5459

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiology Associates of Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553169

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City State Zip Code
Ormond Beach FL 32174-3047

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiology Associates of Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553170

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lenoir Radiology

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553171

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553172

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ira Adler

Mailing Address 879 Lexington Dr

City State Zip Code
Greenville NC 27834-0549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553175

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Buck

Mailing Address 272 Harrison Rd

City State Zip Code
Turtle Creek PA 15145-1042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiologic Consultants, Ltd. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.20

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 37553176

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **127.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		Transaction ID: 37553177		
	City Warren	State MI	Zip Code 48093-3494	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diagnostic Radiology Consultants, PC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 710.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 37553178		
	City Birmingham	State AL	Zip Code 35216-2152	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rad Assoc of Birmingham PC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Kent Lancaster		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 3141 Sundance Path		Transaction ID: 37553180		
	City Stevensville	State MI	Zip Code 49127-9376	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	Aggregate Year-to-Date 462.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	225.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr. Gilbert Parker, JR</p> <p>Mailing Address 2763 Brownfield Way</p> <p>City State Zip Code Sumter SC 29150-2254</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sumter Radiological, P.A.</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 37553181</p> <p>Amount of Each Receipt this Period 20.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen</p> <p>Mailing Address 6612 Cliffbrook Dr</p> <p>City State Zip Code Dallas TX 75254-8613</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Southwest Imaging & Inter-ven specialis</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2291.74</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 37553182</p> <p>Amount of Each Receipt this Period 208.34</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Douglas Montgomery</p> <p>Mailing Address 45 Glenwood Rd</p> <p>City State Zip Code West Hartford CT 06107-1506</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jefferson Radiology</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 37553183</p> <p>Amount of Each Receipt this Period 25.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	253.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr. James Courtney</p> <p>Mailing Address 17 Hillwood Rd</p> <hr/> <p>City State Zip Code Mobile AL 36608-2311</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Radiology Associates of Mobile</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 511.25</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37553184</p> <p>Amount of Each Receipt this Period 42.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Dr. Demetrius Morros</p> <p>Mailing Address 7418 Ridgecrest Court Rd</p> <hr/> <p>City State Zip Code Birmingham AL 35242-0525</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Birmingham Radiological Group P.C.</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 916.74</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37553187</p> <p>Amount of Each Receipt this Period 83.34</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema</p> <p>Mailing Address 2466 Oak Bend PI</p> <hr/> <p>City State Zip Code Newburgh IN 47630-8053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Center of Delaware</p> <p>Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 660.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 37553188</p> <p>Amount of Each Receipt this Period 60.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	185.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City State Zip Code
Winston Salem NC 27157-1088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wake Forest Univ Sch of Medicine 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	/	1	5	/	2	0	1	0

Transaction ID: 37553189

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel Cohen

Mailing Address 1480 Brookfield Rd

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiology Affiliates of Central New Je Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 37553190

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Windsong Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 37553191

Amount of Each Receipt this Period
50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Raymond A. Armstrong		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address Radiology of Huntsville 2066 Franklin St SE Ste 200		Transaction ID: 37553193		
	City Huntsville	State AL	Zip Code 35801-4537	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baptist Medical Ctr-Montclair		Occupation Diagnostic Radiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

B.	Full Name (Last, First, Middle Initial) Dr. Paul Lampert		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 11595 E 26th St		Transaction ID: 37553194		
	City Yuma	State AZ	Zip Code 85367-2203	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MDIG		Occupation Diagnostic Radiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1375.00		

C.	Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 52 Harwich Rd		Transaction ID: 37553195		
	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		
	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)

266.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City State Zip Code
Matthews NC 28105-7702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37553197

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City State Zip Code
Greenville SC 29615-6037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Radiologist Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37553199

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Dr. James Hiken

Mailing Address 7109 Cove Pointe Pl

City State Zip Code
Prospect KY 40059-9680

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diag. Imaging Alliance of Louisville 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 Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37553200

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **108.67**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City Middleton State WI Zip Code 53562-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.62

Date of Receipt 11 / 15 / 2010

Transaction ID: 37553204

Amount of Each Receipt this Period 30.42

B.

Full Name (Last, First, Middle Initial)
Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City Saint Cloud State MN Zip Code 56303-1900

FEC ID number of contributing federal political committee. **C**

Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 11 / 15 / 2010

Transaction ID: 37553205

Amount of Each Receipt this Period 208.34

C.

Full Name (Last, First, Middle Initial)
Dr. Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City Gastonia State NC Zip Code 28054-6402

FEC ID number of contributing federal political committee. **C**

Name of Employer Shelby Radiological Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 37553206

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► **283.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Brendan Doherty

Mailing Address 1512 Pinemont Dr

City State Zip Code
Columbia SC 29206-4422

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Army 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 Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 37553213

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kishan Yalavarthi

Mailing Address 1318 Arbor Bluff Cir

City State Zip Code
Ballwin MO 63021-3703

FEC ID number of contributing federal political committee. **C**

Name of Employer Diagnostic Imaging Associates 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 / 1 6 / 2 0 1 0

Transaction ID: 37561030

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Halloran

Mailing Address 227 Kaspand Pl

City State Zip Code
Cedar Falls IA 50613-1600

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedar Valley Medical Specialists Occupation Neuroradiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37682692

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address Gundersen/Lutheran Med Ctr 1900 South Ave C02-002		Transaction ID: 37682841
City La Crosse	State WI	Zip Code 54601-5467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

B.

Full Name (Last, First, Middle Initial) Dr. Michael Votruba		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address PO Box 151		Transaction ID: 37682867
City Ada	State MI	Zip Code 49301-0151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Kent Radiology, P.C.	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. Kavita Patel		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 35 Annfield Ct		Transaction ID: 37683520
City Staten Island	State NY	Zip Code 10304-1301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	478.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683521

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683522

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683523

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683524

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683525

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683526

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683527

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683528

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: 37683529

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37683530
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37683531
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: 37683532
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 124 W 60th St Apt 45		Transaction ID: 37683533		
	City New York	State NY	Zip Code 10023-7451	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.00			

B.	Full Name (Last, First, Middle Initial) Dr. Regina Chu		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 15 Ogle Rd		Transaction ID: 37683534		
	City Old Tappan	State NJ	Zip Code 07675-7028	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.83			

C.	Full Name (Last, First, Middle Initial) Dr. Sunitha Sunkavalli		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 943 High Mountain Rd		Transaction ID: 37683535		
	City Franklin Lakes	State NJ	Zip Code 07417-1619	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.06			

SUBTOTAL of Receipts This Page (optional)	▶	68.46
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Margaret Emy
Mailing Address 245 Oxford Dr
City Tenafly State NJ Zip Code 07670-3117
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06
Date of Receipt 11 / 04 / 2010
Transaction ID: 37683536
Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Dr. Joel Budin
Mailing Address 140 Chestnut St
City Englewood State NJ Zip Code 07631-3033
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06
Date of Receipt 11 / 04 / 2010
Transaction ID: 37683537
Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Dr. Clement Yang
Mailing Address 555 W 59th St Apt 19E
City New York State NY Zip Code 10019-1006
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06
Date of Receipt 11 / 04 / 2010
Transaction ID: 37683538
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. William Kim

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683539

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683541

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City State Zip Code
New York NY 10024-3157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683542

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt 11 / 04 / 2010

Transaction ID: 37683543

Amount of Each Receipt this Period 19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City New York State NY Zip Code 10023-6337

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 04 / 2010

Transaction ID: 37683544

Amount of Each Receipt this Period 19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Meredith Bell

Mailing Address 147 17th St NE

City Atlanta State GA Zip Code 30309-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2010

Transaction ID: 37683545

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 538.46

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Serge Ouanounou

Mailing Address 50 Battle Ridge Dr NE

City State Zip Code
Atlanta GA 30342-2451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northside Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37683546

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Harvey Goldstein

Mailing Address 31 Westelm Cir

City State Zip Code
San Antonio TX 78230-2638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Texas Radiology Group, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 37685493

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Benedetto, JR

Mailing Address 390 Ponderosa Ln

City State Zip Code
Kalispell MT 59901-6835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northwest 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
1 1 / 1 9 / 2 0 1 0

Transaction ID: 37685494

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Hugh Cecil

Mailing Address Northwest Imaging
PO Box 9110

City Kalispell State MT Zip Code 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685495
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Anders Engdahl

Mailing Address Northwest Imaging
PO Box 9110

City Kalispell State MT Zip Code 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685496
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patrick McDonnell

Mailing Address 379 Shepherder Hill Rd

City Kalispell State MT Zip Code 59901-7160

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685497
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Friedman

Mailing Address PO Box 9110

City State Zip Code
Kalispell MT 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685498

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. B Frank Gray, III

Mailing Address 178 E Bowman Dr

City State Zip Code
Kalispell MT 59901-6817

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685499

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael Henson

Mailing Address PO Box 9110

City State Zip Code
Kalispell MT 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685500

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Donald Schumacher

Mailing Address 347 Rice Ln

City State Zip Code
Whitefish MT 59937-8558

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685501

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Debra Acord

Mailing Address PO Box 9110

City State Zip Code
Kalispell MT 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685502

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicholas Cantrell

Mailing Address PO Box 9110

City State Zip Code
Kalispell MT 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685503

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Clement Vaughan		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address Northwest Imaging PO Box 9110		Transaction ID: 37685504
City Kalispell	State Zip Code MT 59904-2110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Imaging, P.C.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Rita S. Patel		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 3 Ware Rd		Transaction ID: 37685505
City Upper Saddle River	State Zip Code NJ 07458-1919	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 720.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Mitchell Miller		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 2 Constitution Ct Apt 1009		Transaction ID: 37685506
City Hoboken	State Zip Code NJ 07030-6730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 720.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685507
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685508
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685509
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685510

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685511

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685512

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City Staten Island State NY Zip Code 10304-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685513

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685514

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685515

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685516

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685517

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685518

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Regina Chu

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 37685519

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 37685520

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 37685521

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ►

57.69

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Joel Budin

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685522

Amount of Each Receipt this Period 19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City New York State NY Zip Code 10019-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685523

Amount of Each Receipt this Period 19.23

C.

Full Name (Last, First, Middle Initial)
Dr. William Kim

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685524

Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685525

Amount of Each Receipt this Period 19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City New York State NY Zip Code 10024-3157

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685526

Amount of Each Receipt this Period 19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 19 / 2010

Transaction ID: 37685527

Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685528
Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Dr. Larry Anderson

Mailing Address 3822 Colby Ave

City State Zip Code
Everett WA 98201-4913

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 ▼ 620.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685529
Amount of Each Receipt this Period 140.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph DeMartini

Mailing Address PO Box 85398

City State Zip Code
Seattle WA 98145-1398

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 ▼ 1650.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 37685530
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 509.23

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Virginia Eschbach		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 2410 141st Pl SE		Transaction ID: 37685531	
City Mill Creek	State WA	Zip Code 98012-1336	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00		

B.

Full Name (Last, First, Middle Initial) Dr. Yiu-Kai Aaron Fu		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 13028 7th Ave NW		Transaction ID: 37685532	
City Seattle	State WA	Zip Code 98177-4243	Amount of Each Receipt this Period 466.76
FEC ID number of contributing federal political committee. C			
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.12		

C.

Full Name (Last, First, Middle Initial) Dr. Ben Harmon		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address Radia Medical Imaging 728 134th St SW Ste 120		Transaction ID: 37685533	
City Everett	State WA	Zip Code 98204-5322	Amount of Each Receipt this Period 318.15
FEC ID number of contributing federal political committee. C			
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.85		

SUBTOTAL of Receipts This Page (optional)	994.91
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City State Zip Code
Clinton WA 98236-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685534

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. David Marlow

Mailing Address 7821 115th PI NE

City State Zip Code
Kirkland WA 98033-6710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685535

Amount of Each Receipt this Period
280.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City State Zip Code
Seattle WA 98112-3903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685536

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional) ► **910.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Mohammed Quraishi

Mailing Address 534 13th Ave W

City State Zip Code
Kirkland WA 98033-4831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685537

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City State Zip Code
Kirkland WA 98033-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685538

Amount of Each Receipt this Period
273.00

C.

Full Name (Last, First, Middle Initial)
Dr. Scott Burstein

Mailing Address 4506 Oakwood Avenue

City State Zip Code
Downers Grove IL 60515-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dupage Radiologists S.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 37685641

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **873.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. David Wolk		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address St Joseph Radiology Associates 3120 Southwest Fwy Ste 530		Transaction ID: 37685643
City Houston	State TX	Zip Code 77098-4510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Houston Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Philip Costello		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address Medical University of SC 169 Ashley Ave Rm 266 North Tower		Transaction ID: 37685644
City Charleston	State SC	Zip Code 29425-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical University of South Carolina	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. Alan Reeves		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 21202 W 81st PL		Transaction ID: 37685646
City Lenexa	State KS	Zip Code 66220-2581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Kansas Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 194
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code
Sewalls Point FL 34996-6502

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael M. Raskin, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37704943
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Henry Baskin, JR

Mailing Address 1356 Wilton Way

City State Zip Code
Salt Lake City UT 84108-2547

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37705175
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

FEC ID number of contributing federal political committee. **C**

Name of Employer Jersey Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37705464
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City Greensboro State NC Zip Code 27455-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: 37705466
 Amount of Each Receipt this Period: 60.00

B.

Full Name (Last, First, Middle Initial)
Dr. Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City Fresno State CA Zip Code 93730-4525

FEC ID number of contributing federal political committee. **C**

Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: 37705467
 Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wilma Rodriguez-Mojica

Mailing Address Parque De Las Fuentes
690 Calle Cesar Gonzalez Apt 2403

City San Juan State PR Zip Code 00918-3907

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 ▼ 275.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: 37705469
 Amount of Each Receipt this Period: 25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2153

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Birmingham Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37705510
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City San Diego State CA Zip Code 92130-2789

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37705512
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Jose Barreras

Mailing Address Rey Jorge Apt 378
La Villa de Torrimar

City Guaynabo State PR Zip Code 00969-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer St Vincent's Med Ctr of Richmond Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 37705513
Amount of Each Receipt this Period 25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Francisco Arraiza

Mailing Address A-19 Villas De Tintillo

City State Zip Code
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baylor College of Medicine Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705514

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Jandl

Mailing Address 939 Quarter Round Road

City State Zip Code
Pacolet SC 29372-3516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Radiology, P.A. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705548

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stuart Markowitz

Mailing Address Jefferson Radiology PC
85 Seymour St Ste 200

City State Zip Code
Hartford CT 06106-5507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jefferson Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705549

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Terri T. Samuel

Mailing Address 13766 Ambleswind PI

City State Zip Code
Westfield IN 46074-8224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Indiana University Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705550

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Dr. James Webb

Mailing Address 9132 E 101st PI

City State Zip Code
Tulsa OK 74133-6912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Oklahoma Health Sci Ctr Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705551

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham
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
Radiology Associates of Birmingham, PC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705552

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **380.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 692.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705579

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705580

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Dr. Fernando Zalduondo

Mailing Address San Patricio MRI & CT Ctr
280 Ave Marginal Kennedy

City State Zip Code
Guaynabo PR 00968-1746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Petricio MRI & Ct Ctr Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 37705581

Amount of Each Receipt this Period
25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Michael 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 Occupation
Greenville Radiology 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 2 / 2 0 1 0

Transaction ID: 37705582

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carl D'Orsi

Mailing Address Emory Univ Hosp
1701 Uppergate Dr 1st Fl C1104

City State Zip Code
Atlanta GA 30322-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emory University Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 37705583

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City State Zip Code
Augusta GA 30912-0006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical College of Georgia Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 916.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 37705667

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

150.34

TOTAL This Period (last page this line number only)

118166.76

**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 183 / 194

<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address P.O. Box 1512 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Paul C. Broun <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36749170 Date of Disbursement 10 / 14 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kristi For Congress <hr/> Mailing Address PO Box 852 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Kristi Noem <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37118615 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mccollum For Congress <hr/> Mailing Address P.O. Box 14131 <hr/> City St. Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Betty McCollum <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37118616 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

PAGE 184 / 194

<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael R. Pence <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37125406 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Bill Owens For Congress <hr/> Mailing Address PO Box 1575 <hr/> City Plattsburgh State NY Zip Code 12901 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bill Owens <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37125413 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Win Back America PAC <hr/> Mailing Address P.O. Box 1131 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement <hr/> Candidate Name Win Back America PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37125490 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 / 194

<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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Leadership Empowerment & Development PAC (LEAD PAC)</p> <p>Mailing Address PO BOX 12073</p> <p>City SAN ANTONIO State TX Zip Code 78212</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Leadership Empowerment & Development PAC (LEAD PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 37125670 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	4	/	2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	4	/	2	0	1	0													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gus M. Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 09</p>	<p>Transaction ID: 37130632 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	5	/	2	0	1	0													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends Of Scott Desjarlais</p> <p>Mailing Address PO Box 311</p> <p>City Jasper State TN Zip Code 37347</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Scott Desjarlais</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 04</p>	<p>Transaction ID: 37153890 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	5	/	2	0	1	0													
3000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Carney For Congress

Transaction ID: 37162208
Date of Disbursement

Mailing Address P.O. Box A

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City State Zip Code
Clarks Summit PA 18411

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Christopher P. Carney

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: PA District: 10

B.

Full Name (Last, First, Middle Initial)
Ron Johnson For Senate Inc

Transaction ID: 37162241
Date of Disbursement

Mailing Address 601 Oregon Street Suite A

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

City State Zip Code
Oshkosh WI 54902

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Ronald Johnson

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District:

C.

Full Name (Last, First, Middle Initial)
Friends Of Scott Desjarlais

Transaction ID: 37187962
Date of Disbursement

Mailing Address PO Box 311

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

City State Zip Code
Jasper TN 37347

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Scott Desjarlais

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TN District: 04

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)

PAGE 187 / 194

<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 37188128	
	Mailing Address PO Box 3078	Date of Disbursement 10 / 20 / 2010	
	City Denver State CO Zip Code 80201	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Mr. Michael Bennet Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Palazzo For Congress	Transaction ID: 37188155	
	Mailing Address 13155 Highway 67 Suite B	Date of Disbursement 10 / 20 / 2010	
	City Biloxi State MS Zip Code 39532	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Mr. Steven Palazzo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc	Transaction ID: 37188229	
	Mailing Address PO Box 27750	Date of Disbursement 10 / 20 / 2010	
	City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Mr. James Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc.	Transaction ID: 37252324 Date of Disbursement
	Mailing Address 2118 Central Avenue Se #71	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Martin Heinrich	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Kelly For Congress	Transaction ID: 37254273 Date of Disbursement
	Mailing Address PO Box 476	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Lyndora State PA Zip Code 16045	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. George Kelly	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alamo PAC	Transaction ID: 37255550 Date of Disbursement
	Mailing Address 919 Congress Ave. Suite 1400	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Alamo PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) America Works PAC</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name America Works PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 37255600 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Preserving America's Traditions (PAT PAC)</p> <p>Mailing Address 610 S. BOULEVARD</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Preserving America's Traditions (PAT PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 37256400 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Next Century Fund</p> <p>Mailing Address 116 S Royal Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Next Century Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 37256458 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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 190 / 194

<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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 2236 Southeast 10th Avenue Suite 240</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37259009 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 715 Jones Street, Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37352767 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Vicky Hartzler For Congress</p> <p>Mailing Address PO Box 531</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Ms. Vicky Hartzler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37379216 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	9500.00
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 191 / 194

<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Woody Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37379217 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type		
	B. Full Name (Last, First, Middle Initial) Chris Gibson For Congress <hr/> Mailing Address PO Box 247 <hr/> City Kinderhook State NY Zip Code 12106 <hr/> Purpose of Disbursement <hr/> Candidate Name Chris Gibson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37379218 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type	
		C. Full Name (Last, First, Middle Initial) Berg For Congress <hr/> Mailing Address PO Box 9394 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Richard Berg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37379221 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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 192 / 194

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Freedom PAC

Mailing Address P.O. Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement

Category/
Type

Candidate Name
Freedom PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 37379226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 / 194

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

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: 37682958

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

619.29

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

619.29

TOTAL This Period (last page this line number only)

619.29

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Radiology Association Political Action Committee		FEC IDENTIFICATION NUMBER C C00343459	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Campaign Grid		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 223 Summit Avenue		Amount 10623.00	
City Fort Washington		State PA	Zip Code 19034
Purpose of Expenditure Internet Video Ad		Category/ Type	004
Name of Federal Candidate supported or Opposed by expenditure: Sen. David Vitter		Transaction ID: 37157952	
Calendar Year-To-Date Per Election for Office Sought		45423.00	
		Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

(a) SUBTOTAL of Itemized Independent Expenditures	10623.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10623.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
DR William Herrington Signature	Date M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1