

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 101

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City State Zip Code
Florence SC 29506-8552

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

Name of Employer Occupation
Florence Radiological 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
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859259

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher McManus

Mailing Address 9 Collins Crest Ct

City State Zip Code
Greenville SC 29607-3774

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

Name of Employer Occupation
Wake Forest Univ School of Med 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
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859260

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hugo Falcon, JR

Mailing Address 412 Herrington Dr NE

City State Zip Code
Atlanta GA 30342-3822

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

Name of Employer Occupation
Diagnostic Imaging Specialists 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
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859261

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)