

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DR Milton Guiberteau
Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 11 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		365524.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	474136.83									
(c) Total Receipts (from Line 19)	26917.68	632368.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	501054.51	997893.20								
7. Total Disbursements (from Line 31)	109800.99	606639.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391253.52	391253.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23123.01	537486.79
(i) Itemized (use Schedule A)	2732.50	85311.88
(ii) Unitemized	25855.51	622798.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25855.51	622798.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1062.17	9569.76
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))	26917.68	632368.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26917.68	632368.43

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109000.00	591000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	800.99	11711.68
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))..	109800.99	606639.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	109800.99	606639.68

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25855.51	622798.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25855.51	622798.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1250 McLynn Ave NE

City Atlanta State GA Zip Code 30306-2530

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

Name of Employer Georgia Baptist Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
09 / 06 / 2007

Transaction ID: 21400461

Amount of Each Receipt this Period
40.00

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

Mailing Address 1723 Meadowlark Rd

City Wyomissing State PA Zip Code 19610-2822

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

Name of Employer West Reading Radiology Assoc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 06 / 2007

Transaction ID: 21400462

Amount of Each Receipt this Period
500.00

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

Mailing Address 43 Aberdeen Pl

City Saint Louis State MO Zip Code 63105-2266

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

Name of Employer Central Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 06 / 2007

Transaction ID: 21400469

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	790.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark Fritze		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address 804 Bramerton St		Transaction ID: 21401712	
City Andover	State KS	Zip Code 67002-9241	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kansas Imaging 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		

Full Name (Last, First, Middle Initial) B. Dr. Werner Rosshirt		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address Jefferson X-Ray Group Inc 85 Seymour St Ste 200		Transaction ID: 21401713	
City Hartford	State CT	Zip Code 06106-5501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson X-Ray Group Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr. Milton Van Hise		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 16108 79th Ave SE		Transaction ID: 21421568	
City Snohomish	State WA	Zip Code 98296-8618	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Paul Leslie		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 260 Eshelman Rd		Transaction ID: 21421569	
City State Zip Code Lancaster PA 17601-5645		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lancaster Radiology Associates Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. David Westman		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 3849 112th Ave NE		Transaction ID: 21526843	
City State Zip Code Bellevue WA 98004-7657		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Radia NeuroRadiologist			
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. Albert S. Alexander		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 3612 Foxcroft Rd		Transaction ID: 21526847	
City State Zip Code Little Rock AR 72227-2333		Amount of Each Receipt this Period 444.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Radiology Associates, P.A. Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 444.00	

SUBTOTAL of Receipts This Page (optional) ▶	2444.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jodi Barboza		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 111 Courts Ln		Transaction ID: 21526848	
City State Zip Code Little Rock AR 72223-9018	Amount of Each Receipt this Period 444.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology 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 ▼ 444.00		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin Bartnicke		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 10 Chambord Ln		Transaction ID: 21526849	
City State Zip Code Little Rock AR 72223-5945	Amount of Each Receipt this Period 444.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates PA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00		

Full Name (Last, First, Middle Initial) C. Dr. Steven Dunnagan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 150 Hickory Creek Cir		Transaction ID: 21526850	
City State Zip Code Little Rock AR 72212-2511	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology 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 ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1288.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4422 Kenyon Dr

City State Zip Code
Little Rock AR 72205-2015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
444.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 21526853

Amount of Each Receipt this Period
444.00

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

Mailing Address 2803 Red Fox Rdg

City State Zip Code
Bentonville AR 72712-3900

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 21526855

Amount of Each Receipt this Period
500.00

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

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 Radiology Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 21526857

Amount of Each Receipt this Period
336.00

SUBTOTAL of Receipts This Page (optional)	▶	1280.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

Mailing Address Radiology Associates PA
500 S University Ave Ste 101

City Little Rock State AR Zip Code 72205-5314

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 17 / 2007

Transaction ID: 21526858

Amount of Each Receipt this Period
500.00

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

Mailing Address 12 Sherrill Rd

City Little Rock State AR Zip Code 72202-1516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
09 / 17 / 2007

Transaction ID: 21526859

Amount of Each Receipt this Period
444.00

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

Mailing Address Radiology Associates
500 S University Ave Ste 101

City Little Rock State AR Zip Code 72205-5314

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 17 / 2007

Transaction ID: 21526860

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1344.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Terrence Oddson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 10780 Rivercrest Dr		Transaction ID: 21526861
City State Zip Code Little Rock AR 72212-1408	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Rogerich Paylor		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 6 Aldridge Ct		Transaction ID: 21526862
City State Zip Code Little Rock AR 72223-9023	Amount of Each Receipt this Period 388.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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 ▼ 388.50	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan Perry		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 27 Margeaux Dr		Transaction ID: 21526863
City State Zip Code Little Rock AR 72223-8906	Amount of Each Receipt this Period 444.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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 ▼ 444.00	

SUBTOTAL of Receipts This Page (optional) ▶	1232.50
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gordon Schally		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 623 Miller Cv		Transaction ID: 21526865	
City State Zip Code Benton AR 72015-2399	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology 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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Rajesh Sethi		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 13500 Chenal Pkwy Apt 1712		Transaction ID: 21526866	
City State Zip Code Little Rock AR 72211-5322	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology 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 ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Kathleen Sitarik		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address Radiology Associates PA 500 S University Ave Ste 600		Transaction ID: 21526867	
City State Zip Code Little Rock AR 72205-5302	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates PA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	1125.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Shannon Turner		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address 40 Bellegarde Dr		Transaction ID: 21526868
City State Zip Code Little Rock AR 72223-9185	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles Jeffery		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address Radiology Associates PA 500 S University Ave Ste 600		Transaction ID: 21526869
City State Zip Code Little Rock AR 72205-5324	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology 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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Chaliff		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 195 Grogans Lake Point		Transaction ID: 21528161
City State Zip Code Atlanta GA 30350-3118	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Diagnostic Imaging Specialists, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Saliil Parikh		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 9477 Johnson Rd Ext		Transaction ID: 21528162	
City State Zip Code Germantown TN 38139-3603	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Assoc of Ocala	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Bruce Arose		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 11 Windsor Court		Transaction ID: 21528163	
City State Zip Code Farmington CT 06032-1458	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert Harris		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 5 College HI		Transaction ID: 21528165	
City State Zip Code Hanover NH 03755-3208	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dartmouth-Hitchcock Med Ctr	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Soehnlen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 18882 Withrich Rd		Transaction ID: 21528188	
City State Zip Code Dalton OH 44618-8923	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Canton	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard Rossin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 11178 Montaubon Way		Transaction ID: 21528189	
City State Zip Code San Diego CA 92131-3678	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MBER Enterprises, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Frederick Conard, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 22 Sunset Farm Rd		Transaction ID: 21528190	
City State Zip Code West Hartford CT 06107-1314	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas Poulton		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address Aultman Hospital 2600 6th St SW		Transaction ID: 21528191
City Canton State OH Zip Code 44710-1799	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Aultman Hospital Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles Williams, III		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 2117 Cleveland Street Ext		Transaction ID: 21531864
City Greenville State SC Zip Code 29607-3649	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Radiology, PA Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bradford Richmond		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave		Transaction ID: 21531865
City Cleveland State OH Zip Code 44195-5021	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cleveland Clinic Foundati-on Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Murray Becker		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 56 Independence Dr		Transaction ID: 21531866	
City State Zip Code East Brunswick NJ 08816-3286	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia-Presbyterian Med Ctr	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Dr. Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 5624 Laurium Rd		Transaction ID: 21531867	
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) C. Dr. David Buck		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 144 Penhurst Dr		Transaction ID: 21531879	
City State Zip Code Pittsburgh PA 15235-5320	Amount of Each Receipt this Period 30.42		
FEC ID number of contributing federal political committee. C			
Name of Employer Greensburg X-Ray Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.10		

SUBTOTAL of Receipts This Page (optional) ▶	105.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City Santa Ana State CA Zip Code 92705-3509

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 ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2007

Transaction ID: 21531881

Amount of Each Receipt this Period
40.00

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

Mailing Address 3206 Saint Johns Dr

City Dallas State TX Zip Code 75205-2919

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 ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2007

Transaction ID: 21531882

Amount of Each Receipt this Period
50.00

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

Mailing Address Radiology Associates of Berrien
416 State St Ste A

City Saint Joseph State MI Zip Code 49085-1250

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

Name of Employer Radiology Associates of Berrie
Occupation 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 Y
09 / 15 / 2007

Transaction ID: 21531883

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)	▶	132.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Lonnie Simmons		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address Gundersen Lutheran Clinic 1900 South Ave		Transaction ID: 21531885
City La Crosse State WI Zip Code 54601-5494	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Gundersen Lutheran Clinic Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 375.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Terry Martin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 21531886
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 ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas Picton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 1911 NC Highway 121		Transaction ID: 21531887
City Greenville State NC Zip Code 27834-7187	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	181.67
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Brian Kuszyk		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 3219 Old Oak Walk		Transaction ID: 21531890
City State Zip Code Greenville NC 27858-8441	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel Cohen		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 1480 Brookfield Road		Transaction ID: 21531891
City State Zip Code Yardley PA 19067-3930	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Affiliates of Central NJ	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Tripp		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 751 Lexington Dr		Transaction ID: 21531892
City State Zip Code Greenville NC 27834-0508	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9612

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 ▼ 360.00

Date of Receipt
09 / 15 / 2007

Transaction ID: 21531893

Amount of Each Receipt this Period
40.00

B. 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 Eastern Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 15 / 2007

Transaction ID: 21531894

Amount of Each Receipt this Period
40.00

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

Mailing Address 1702 S Thames Ct

City State Zip Code
Greenville NC 27858-8130

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 ▼ 360.00

Date of Receipt
09 / 15 / 2007

Transaction ID: 21531895

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Randall Stickney		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 10620 S 77th East Ave		Transaction ID: 21531897
City State Zip Code Tulsa OK 74133-6837	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oklahoma State Rad Society	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Dr. James Eisenberg		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address The Defiance Clinic 1400 E 2nd St		Transaction ID: 21531898
City State Zip Code Defiance OH 43512-2494	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Defiance Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Dr. Eric Sax		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 9 Old Sudbury Rd		Transaction ID: 21531899
City State Zip Code Lincoln MA 01773-4807	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		
Name of Employer The Imaging Institute	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional) ▶	208.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jorge Albin		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 645 Mulberry Ln		Transaction ID: 21531901	
City State Zip Code Bellaire TX 77401-3803		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer St Joseph Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) B. Dr. Joseph Lurito		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 21531902	
City State Zip Code Greenville NC 27834-2801		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. H E. Longmaid, III		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 52 Harwich Rd		Transaction ID: 21531903	
City State Zip Code Chestnut Hill MA 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 ▼ 376.35	

SUBTOTAL of Receipts This Page (optional) ▶	133.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Demetrius Morros		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 1045 Lake Colony Ln		Transaction ID: 21531904
City	State	Zip Code
Birmingham	AL	35242-7402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) B. Dr. Glenn Hananouchi		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 1545 E La Quinta Dr		Transaction ID: 21531919
City	State	Zip Code
Fresno	CA	93730-4525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven Leibel		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 19 Woodleaf Ave		Transaction ID: 21531920
City	State	Zip Code
Redwood City	CA	94061-1823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Stanford University	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

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

Name of Employer Diagnostic Radiology Consultants, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: 21531921

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City Winston Salem State NC Zip Code 27157-1088

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

Name of Employer Wake Forest Univ Sch of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: 21531924

Amount of Each Receipt this Period
25.00

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

Mailing Address 12103 Woodcliff Ln

City Charlotte State NC Zip Code 28277-3033

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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: 21531925

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Mittl, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 4733 Coburn Court		Transaction ID: 21531926	
City State Zip Code Charlotte NC 28277-2593	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

Full Name (Last, First, Middle Initial) B. Dr. Leonard Zawodniak		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 1439 Garrett Dr		Transaction ID: 21531927	
City State Zip Code Wall Township NJ 07719-9648	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jersey Shore Radiology As- sociates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. Dr. Joel Swartz		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 1210 Page Ter		Transaction ID: 21531928	
City State Zip Code Villanova PA 19085-2132	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	132.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Grzybowski		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 6893 S Netherland Way		Transaction ID: 21532919	
City State Zip Code Aurora CO 80016-2602	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kolam and Associates, 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		

Full Name (Last, First, Middle Initial) B. Dr. George Lyons		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 2831 E 28th St		Transaction ID: 21532920	
City State Zip Code Tulsa OK 74114-5713	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Tulsa	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Penni Barrett		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007	
Mailing Address 5028 E 84th St		Transaction ID: 21546034	
City State Zip Code Tulsa OK 74137-2000	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Tulsa	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2365.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. W Jordan Taylor		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 1231 E 21st PI		Transaction ID: 21546035	
City State Zip Code Tulsa OK 74114-1204		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Tulsa		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Clouser		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 5727 East 104th Place		Transaction ID: 21546036	
City State Zip Code Tulsa OK 74137-7036		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Tulsa		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Janet Storella		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 6515 Fallwind Ln		Transaction ID: 21574894	
City State Zip Code Bethesda MD 20817-4941		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Grover, Christie & Merritt		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Janet Storella		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 6515 Fallwind Ln		Transaction ID: 21574896	
City State Zip Code Bethesda MD 20817-4941		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Grover, Christie & Merritt		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Bleshman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007	
Mailing Address 417 Lindy Ln		Transaction ID: 21639658	
City State Zip Code Bala Cynwyd PA 19004-1334		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Susan Edwards		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 13101 Waterrock Ln		Transaction ID: 21743303	
City State Zip Code Arcadia OK 73007-7631		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma Radiology Group		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2790.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Bibb Allen, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 2000A Southbridge Pkwy Ste 300		Transaction ID: 21743463	
City State Zip Code Birmingham AL 35209-1327		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Montclair Baptist Medical Center		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Kevin Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Regional Diagnostic Radiology 1406 6th Ave N		Transaction ID: 21743465	
City State Zip Code Saint Cloud MN 56303-1900		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Diagnostic Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		Transaction ID: 21743616	
City State Zip Code Pittsburgh PA 15206-3780		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Weinstein Imaging Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.03	

SUBTOTAL of Receipts This Page (optional) ▶	541.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Raja Cheruvu		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 165 Via Foresta Ln		Transaction ID: 21743617	
City Williamsville	State NY	Zip Code 14221-1984	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael Brannon		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 7 Foxglove Ct		Transaction ID: 21743619	
City Greenville	State SC	Zip Code 29615-5505	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

Full Name (Last, First, Middle Initial) C. Dr. Elizabeth D'Angelo		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 108 Bur Ben Ln		Transaction ID: 21743620	
City New Bern	State NC	Zip Code 28560-7520	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	192.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce Schroeder		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 738 Lexington Dr		Transaction ID: 21743623
City Greenville	State NC	Zip Code 27834-0507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. Kerry Chandler		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 4100 Mullcroft Pl		Transaction ID: 21743624
City Fuquay Varina	State NC	Zip Code 27526-8658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Wake Radiology Consultants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. James Hiken		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 7109 Cove Pointe Pl		Transaction ID: 21743625
City Prospect	State KY	Zip Code 40059-9680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Diag. Imaging Alliance of Louisville	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743626

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Stuart Moses

Mailing Address 14 Timber Dr

City North Caldwell State NJ Zip Code 07006-4406

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743627

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Gustavo Villarreal, JR

Mailing Address 261 Stone Creek Cir

City Mc Gregor State TX Zip Code 76657-3943

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

Name of Employer Waco Radiological Clinic PA
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743628

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)	▶	110.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Newman		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 913 Southview PI NE		Transaction ID: 21743630
City State Zip Code Lenoir NC 28645-3755	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Mary Pomeroy		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 21743631
City State Zip Code Monroe NC 28110-8408	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Redvanly		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 4315 Gosford PI		Transaction ID: 21743632
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	132.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Deborah Agisim		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 5600 Laurium Rd		Transaction ID: 21743634	
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Dr. Amy Sobel		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 11104 Creek Point Dr		Transaction ID: 21743635	
City State Zip Code Matthews NC 28105-7702	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Dr. Alfred Mansour, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 21743637	
City State Zip Code Alexandria LA 71301-3606	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Central LA Imaging Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

SUBTOTAL of Receipts This Page (optional) ▶	148.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 21743638	
City Birmingham	State AL	Zip Code 35216-2152	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Assoc of Birmingham		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 3493 Siems Ct		Transaction ID: 21743639	
City Arden Hills	State MN	Zip Code 55112-3639	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Paul Radiology, P.A.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. Joel Wissing		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743640	
City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		Transaction ID: 21743642
City State Zip Code San Antonio TX 78229-3901	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Univ of Texas Hlth Sci Ctr Diagnostic Radiologist	Aggregate Year-to-Date ▼ 750.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Dr. Mark Alson		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 6641 N Forkner Ave		Transaction ID: 21743643
City State Zip Code Fresno CA 93711-1326	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Sierra Imaging Associates Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dr. William Way, JR		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 7713 Oakmont Pl		Transaction ID: 21743644
City State Zip Code Raleigh NC 27615-5492	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Wake Radiology Diagnostic Radiologist	Aggregate Year-to-Date ▼ 560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Fred Lassiter		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743645
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743647
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) C. Dr. Dale Shaw		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 3601 Sharon Rd		Transaction ID: 21743649
City State Zip Code Charlotte NC 28211-3325	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

SUBTOTAL of Receipts This Page (optional) ▶	126.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code
Newburgh IN 47630-8168

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

Name of Employer Occupation
Medical Center of Delaware Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 21743650

Amount of Each Receipt this Period
40.00

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

Mailing Address 1088 Lullwater Rd NE

City State Zip Code
Atlanta GA 30307-1244

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

Name of Employer Occupation
Radiology Associates of Birmingham Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 21743651

Amount of Each Receipt this Period
50.00

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

Mailing Address 1811 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 21743652

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 2821 Argyle Rd		Transaction ID: 21743653
City State Zip Code Birmingham AL 35213-3403	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Imaging Assoc of AL	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) B. Dr. Roger Thomas		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 1636 Anita Ln		Transaction ID: 21747395
City State Zip Code Newport Beach CA 92660-4804	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Newport Harbor Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Dr. Kay Lozano		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 8100 E Union Ave Apt 2104		Transaction ID: 21747396
City State Zip Code Denver CO 80237-2979	Amount of Each Receipt this Period 45.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Imaging Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.15	

SUBTOTAL of Receipts This Page (optional) ▶	172.63
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John Rogers		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 802 West Gap Creek Road		Transaction ID: 21747398
City State Zip Code Greer SC 29651-5065	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) B. Dr. William Ketcham, II		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 8824 Wildflower Dr		Transaction ID: 21747399
City State Zip Code Cheyenne WY 82009-1215	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	82.00
TOTAL This Period (last page this line number only) ▶	23123.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 63	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address PO Box 13750

City Philadelphia State PA Zip Code 19101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9569.76

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2007

Transaction ID: 21922570

Amount of Each Receipt this Period
1062.17

Interest

SUBTOTAL of Receipts This Page (optional)	▶	1062.17
TOTAL This Period (last page this line number only)	▶	1062.17

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 44 / 63

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

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

Full Name (Last, First, Middle Initial) A. Help Elect America's Team PAC (HEAT PAC)		Transaction ID: 21296403 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address 499 S CAPITOL ST SW STE 412		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) B. Larson For Congress		Transaction ID: 21282693 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 4000.00
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement Candidate Name Rep. John Larson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1		Category/Type 011
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Joe Pitts		Transaction ID: 21400470 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 2000.00
City Unionville State PA Zip Code 19375	Purpose of Disbursement Candidate Name Rep. Joseph R. Pitts	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16		Category/Type 011
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 63

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

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

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 21320054 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00
City Long Branch	State NJ	
Zip Code 07740		
Purpose of Disbursement		
Candidate Name Rep. Frank Pallone, Jr.		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 6		

Full Name (Last, First, Middle Initial) B. Van Hollen For Congress		Transaction ID: 21011954 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 3000.00
City Kennington	State MD	
Zip Code 20895		
Purpose of Disbursement		
Candidate Name Rep. Chris Van Hollen		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 8		

Full Name (Last, First, Middle Initial) C. Van Hollen For Congress		Transaction ID: 21011957 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2000.00
City Kennington	State MD	
Zip Code 20895		
Purpose of Disbursement		
Candidate Name Rep. Chris Van Hollen		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 8		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Red Rooster PAC		Transaction ID: 20860021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 228 S. Washington St. Suite 115		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Crowley For Congress		Transaction ID: 21282701 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2500.00
City Elmhurst State NY Zip Code 11373		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 7		

Full Name (Last, First, Middle Initial) C. People With Hart Inc		Transaction ID: 21517302 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Transaction ID: 21296186 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address Box 586		Amount of Each Disbursement this Period 1000.00	
City Helena	State MT		Zip Code 59624
Purpose of Disbursement			011 Category/ Type
Candidate Name Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 1			

Full Name (Last, First, Middle Initial) B. Friends Of Barbara Boxer		Transaction ID: 21401443 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address PO Box 641751		Amount of Each Disbursement this Period 1000.00	
City Los Angeles	State CA		Zip Code 90064
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Barbara Boxer			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 2			

Full Name (Last, First, Middle Initial) C. Citizens For Harkin		Transaction ID: 21319221 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7	
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00	
City Des Moines	State IA		Zip Code 50304
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Tom Harkin			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citizens For Harkin		Transaction ID: 21993948 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christopher Shays For Congress Committee		Transaction ID: 21517533 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 2500.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matheson For Congress		Transaction ID: 21019037 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 3000.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. James D. Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mchenry For Congress		Transaction ID: 21256674 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 500.00
City Hickory State NC Zip Code 28601	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Patrick McHenry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Engel For Congress		Transaction ID: 21282697 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 462 California Road		Amount of Each Disbursement this Period 2000.00
City Bronxville State NY Zip Code 10708	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eliot L. Engel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Bart Gordon Committee		Transaction ID: 21521290 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 2500.00
City Murfreesboro State TN Zip Code 37133	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Crowley For Congress		Transaction ID: 21524754 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John D. Dingell For Congress Committee		Transaction ID: 21283298 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jo Bonner For Congress Committee		Transaction ID: 21521269 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State AL Zip Code 36685	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jo Bonner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citizens For Cochran		Transaction ID: 21296178 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 7183		Amount of Each Disbursement this Period 4000.00
City State Zip Code Tupelo MS 38802	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens For Cochran		Transaction ID: 21524756 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 7183		Amount of Each Disbursement this Period 1000.00
City State Zip Code Tupelo MS 38802	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Salazar For Senate		Transaction ID: 21517337 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 600		Amount of Each Disbursement this Period 1000.00
City State Zip Code Denver CO 80201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Ken Salazar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Tiberi For Congress		Transaction ID: 21521257 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43229	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sue Myrick For Congress		Transaction ID: 21517729 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 2500.00
City Charlotte State NC Zip Code 28237	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sue Wilkins Myrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Majority Initiative To Keep Electing Republicans F		Transaction ID: 21525370 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address PO Box 65796		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20035	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Diana Degette For Congress Inc.		Transaction ID: 21517301 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7	
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 2000.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of John Peterson		Transaction ID: 21525128 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7	
Mailing Address 114 W. State Street PO Box 295		Amount of Each Disbursement this Period 1000.00	
City Pleasantville State PA Zip Code 16341	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. John E. Peterson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committee for Hispanic Causes (CHC Bold PAC)		Transaction ID: 21296240 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7	
Mailing Address 1831 Bay Street SE		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Charlie Dent For Congress		Transaction ID: 21296457
Mailing Address PO Box 442		Date of Disbursement 09 / 20 / 2007
City Allentown	State PA	Zip Code 18105
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Charles W. Dent		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 15	

Full Name (Last, First, Middle Initial) B. Moran For Congress		Transaction ID: 21525368
Mailing Address 44 Canal Center Plaza 2nd Flr 2nd Floor		Date of Disbursement 09 / 20 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. James P. Moran		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 8	

Full Name (Last, First, Middle Initial) C. Inslee For Congress		Transaction ID: 21525366
Mailing Address PO Box 33027		Date of Disbursement 09 / 20 / 2007
City Seattle	State WA	Zip Code 98133
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jay Inslee		Amount of Each Disbursement this Period 3000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 1	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Coleman For Senate 08		Transaction ID: 21517730	
Mailing Address 7300 Hudson Blvd Suite 270a		Date of Disbursement 09 / 20 / 2007	
City St Paul	State MN	Zip Code 55128	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Norm Coleman			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008	
State: MN	District: 1		

Full Name (Last, First, Middle Initial) B. Coleman For Senate 08		Transaction ID: 21517731	
Mailing Address 7300 Hudson Blvd Suite 270a		Date of Disbursement 09 / 20 / 2007	
City St Paul	State MN	Zip Code 55128	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Norm Coleman			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008	
State: MN	District: 1		

Full Name (Last, First, Middle Initial) C. Hulshof For Congress - District 09 Missouri		Transaction ID: 21520825	
Mailing Address PO Box 1621		Date of Disbursement 09 / 24 / 2007	
City Columbia	State MO	Zip Code 65205	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Kenny C. Hulshof			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008	
State: MO	District: 9		

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)

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

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

Full Name (Last, First, Middle Initial) A. New Republican Majority Fund		Transaction ID: 21519615 Date of Disbursement																					
Mailing Address 201 North Union Street Suite 530		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	4		2	0	0	7														
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value="011"/>	<input type="text" value="2500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Boyd For Congress		Transaction ID: 21518711 Date of Disbursement																					
Mailing Address P.O. Box 15703		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	4		2	0	0	7														
City Tallahassee	State FL	Zip Code 32317	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value="011"/>	<input type="text" value="1000.00"/>																				
Candidate Name Mr. F Allen Boyd		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL District: 2																							

Full Name (Last, First, Middle Initial) C. Friends Of John Tanner		Transaction ID: 21283278 Date of Disbursement																					
Mailing Address Post Office Box 1994		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	4		2	0	0	7														
City Union City	State TN	Zip Code 38281	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value="011"/>	<input type="text" value="1500.00"/>																				
Candidate Name Rep. John S. Tanner		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 8																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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)

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

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

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Artur Davis To Congress, The		Transaction ID: 21519665
Mailing Address PO Box 1845		Date of Disbursement MM / DD / YYYY 09 / 24 / 2007
City Birmingham	State AL	Zip Code 35201
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Artur Davis		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District: 7	

Full Name (Last, First, Middle Initial) B. Friends Of Patrick J Kennedy Inc		Transaction ID: 21296475
Mailing Address P.O. Box 321		Date of Disbursement MM / DD / YYYY 09 / 25 / 2007
City Pawtucket	State RI	Zip Code 02862
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Patrick J. Kennedy		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 1	

Full Name (Last, First, Middle Initial) C. Kind For Congress Committee		Transaction ID: 21520846
Mailing Address 205 South 5th Ave Suite 428		Date of Disbursement MM / DD / YYYY 09 / 25 / 2007
City La Crosse	State WI	Zip Code 54601
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Ron Kind		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 3	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kind For Congress Committee		Transaction ID: 21520931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 205 South 5th Ave Suite 428		Amount of Each Disbursement this Period 1000.00
City La Crosse State WI Zip Code 54601	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Ron Kind		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 3	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Jim Clyburn		Transaction ID: 21519552 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hobson For Congress		Transaction ID: 21283198 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1000.00
City Springfield State OH Zip Code 45503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David L. Hobson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Collins For Senator		Transaction ID: 21521213 Date of Disbursement 09 / 26 / 2007
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 1500.00
City Bangor	State ME	
Zip Code 04402		
Purpose of Disbursement		
Candidate Name Sen. Susan M. Collins		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 2		

Full Name (Last, First, Middle Initial) B. Tom Davis For Congress		Transaction ID: 21521237 Date of Disbursement 09 / 27 / 2007
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 4000.00
City Annandale	State VA	
Zip Code 22003		
Purpose of Disbursement		
Candidate Name Rep. Thomas M. Davis, III		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 11		

Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress		Transaction ID: 21521250 Date of Disbursement 09 / 27 / 2007
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 2500.00
City Sacramento	State CA	
Zip Code 95841		
Purpose of Disbursement		
Candidate Name Rep. Michael Thompson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Blanche Lincoln		Transaction ID: 21283103 Date of Disbursement 09 / 27 / 2007
Mailing Address PO Box 3197		Amount of Each Disbursement this Period 1000.00
City Little Rock	State AR	
Zip Code 72203		
Purpose of Disbursement		
Candidate Name Sen. Blanche Lambert Lincoln		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 1		

Full Name (Last, First, Middle Initial) B. Herseth For Congress		Transaction ID: 21283193 Date of Disbursement 09 / 27 / 2007
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 4000.00
City Sioux Falls	State SD	
Zip Code 57101		
Purpose of Disbursement		
Candidate Name Rep. Stephanie Herseth		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 1		

Full Name (Last, First, Middle Initial) C. Senate Victory Fund		Transaction ID: 21574921 Date of Disbursement 09 / 27 / 2007
Mailing Address P.O. Box 7274		Amount of Each Disbursement this Period 5000.00
City Tupelo	State MS	
Zip Code 38802		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Courtney For Congress		Transaction ID: 21580122 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 38 Risley Road		Amount of Each Disbursement this Period 1000.00
City State Zip Code Vernon CT 06066	Purpose of Disbursement 011 Category/ Type	
Candidate Name Rep. Joseph Courtney	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sue Myrick For Congress		Transaction ID: 21296474 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 2500.00
City State Zip Code Charlotte NC 28237	Purpose of Disbursement 011 Category/ Type	
Candidate Name Rep. Sue Wilkins Myrick	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sue Myrick For Congress		Transaction ID: 21517715 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 2500.00
City State Zip Code Charlotte NC 28237	Purpose of Disbursement 011 Category/ Type	
Candidate Name Rep. Sue Wilkins Myrick	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.

Transaction ID: 21311620

Date of Disbursement

Mailing Address PO Box 682185

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

City Franklin State TN Zip Code 37068

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 7

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

109000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 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: 21912350

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

800.99

bank fees

SUBTOTAL of Disbursements This Page (optional)

800.99

TOTAL This Period (last page this line number only)

800.99