

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 (12S)

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  /  /  through  /  /

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

Signature of Treasurer  [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		599906.55
(b) Cash on Hand at Beginning of Reporting Period.....	936741.16	
(c) Total Receipts (from Line 19) .....	50611.50	797193.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	987352.66	1397100.13
7. Total Disbursements (from Line 31).....	233385.89	643133.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	753966.77	753966.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American College of Radiology Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47973.79	696447.72
(ii) Unitemized .....	2636.18	98052.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50609.97	794500.46
(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) .....	50609.97	794500.46
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.).....	1.53	2693.12
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 Transfers (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))..... ▶	50611.50	797193.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50611.50	797193.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	885.89	11967.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	885.89	11967.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	232500.00	627000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	4165.45
(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	4165.45
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	233385.89	643133.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	233385.89	643133.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	50609.97	794500.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4165.45
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50609.97	790335.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	885.89	11967.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	885.89	11967.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Essmaeel Abdel-Dayem</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06		21		2013								
Mailing Address 25 Thatcher St Apt 5		<b>Transaction ID : 966487A6E384FA60E6F</b>										
City Brookline	State MA	Zip Code 02446-3532										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00											
Name of Employer Self-employed	Occupation Diagnostic Radiologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00											

Full Name (Last, First, Middle Initial) <b>B. Deborah Agsim</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06		21		2013								
Mailing Address 5600 Laurium Rd		<b>Transaction ID : E0B8ACF91FCA45DD9029</b>										
City Charlotte	State NC	Zip Code 28226-5610										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00											
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

Full Name (Last, First, Middle Initial) <b>C. John Agola</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		28		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06		28		2013								
Mailing Address 1412 Hickman Dr		<b>Transaction ID : EBB7FB66AE817352C31</b>										
City Virginia Beach	State VA	Zip Code 23452-4705										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 249.99											
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	389.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Harry Agress Jr.**

Mailing Address 30 Prospect Ave  
Hackensack University Medical Cent

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : DDE64375D83D6CE9300**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Harry Agress Jr.**

Mailing Address 30 Prospect Ave  
Hackensack University Medical Cent

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : 55A865BDE8BD65F62C6**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Absar Ahmed**

Mailing Address 6355 Peachtree Dunwoody Rd  
Apt 615

City Atlanta State GA Zip Code 30328-4700

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 26 / 2013**

**Transaction ID : F1D4ADFD704266A1D72**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **560.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Arthur S. Albert**

Mailing Address 124 W 60th St  
Apt 45

City New York State NY Zip Code 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : B6DA679430463483890**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Arthur S. Albert**

Mailing Address 124 W 60th St  
Apt 45

City New York State NY Zip Code 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : F556A5F1C9F4C165A7F**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Bibb Allen Jr.**

Mailing Address 3245 E Briarcliff Rd

City Mountain Brk State AL Zip Code 35223-1304

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

Name of Employer Montclair Baptist Medical Center Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
**06 / 10 / 2013**

**Transaction ID : A23A0F49F1024036A509**

Amount of Each Receipt this Period  
**625.00**

**SUBTOTAL** of Receipts This Page (optional)..... **685.00**

**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 120
	<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 Political Action Committee**

**A. Mark Alson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6641 N Forkner Ave

City Fresno State CA Zip Code 93711-1326

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

Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **06 / 06 / 2013**

**Transaction ID : 47A0A693544D4BE4EFED**

Amount of Each Receipt this Period **75.00**

**B. Rafael Altieri**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Savoy St Apt D308

City Boston State MA Zip Code 02118-2588

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

Name of Employer South Shore Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : E0F12B7354C88DFF167**

Amount of Each Receipt this Period **100.00**

**C. James Amerson Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3122 Kingscliff Way NE

City Atlanta State GA Zip Code 30345-2128

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : 51AE493B6BBC58CE644**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **675.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 120
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jon Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3059 County Road 204

City Oxford State FL Zip Code 34484-2821

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 28 / 2013  
Transaction ID : 386D79A975A21CA0236

Amount of Each Receipt this Period  
500.00

**B. Thomas Applewhite**  
Full Name (Last, First, Middle Initial)

Mailing Address 13074 Starbuck Rd

City Saint Louis State MO Zip Code 63141-8544

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
06 / 05 / 2013  
Transaction ID : 17BE62E9FAF63D6E6BA

Amount of Each Receipt this Period  
75.00

**C. Raymond A. Armstrong**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Franklin St SE  
Radiology of Huntsville, Ste 200

City Huntsville State AL Zip Code 35801-4537

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

Name of Employer Baptist Medical Ctr-Montclair Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 09 / 2013  
Transaction ID : 4EF89D73F36A959528CA

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 675.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 120
	<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 Political Action Committee**

**A. David Bajayo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1636 Rockdale Loop

City Heathrow State FL Zip Code 32746-5331

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : 5C791847136BB5BC44C**

Amount of Each Receipt this Period  
 500.00

**B. Gory Ballester**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 435

City Adjuntas State PR Zip Code 00601-0435

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

Name of Employer University of Puerto Rico Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2013  
**Transaction ID : 4A06BA892A4104447B21**

Amount of Each Receipt this Period  
 100.00

**C. Richard Barlow**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 Quiet Water Ln

City Atlanta State GA Zip Code 30350-3720

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

Name of Employer Northside Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 899E27E9093C85D3385**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Robert Barr**

Mailing Address 215 Wrenwood Ln

City State Zip Code  
 Charlotte NC 28211-1848

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 876.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : 43B2D326BCAE361F221**

Amount of Each Receipt this Period  
 21.00

Full Name (Last, First, Middle Initial)  
**B. Lynn Baxter**

Mailing Address 939 Briarcliff Rd NE

City State Zip Code  
 Atlanta GA 30306-4664

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

Name of Employer Occupation  
 Northside Radiology Associates Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 05 / 2013  
**Transaction ID : 30B09EE322BDDC2A4CD**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Howard Bear**

Mailing Address 4931 Pearlman Way

City State Zip Code  
 San Diego CA 92130-2789

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

Name of Employer Occupation  
 San Diego Imaging Medical Group Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 06 / 07 / 2013  
**Transaction ID : 4E0E99BD4930C72D1955**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 571.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Meredith Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 17th St NE

City Atlanta State GA Zip Code 30309-3321

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

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2013  
**Transaction ID : 9F1C84859F52694FC8B**

Amount of Each Receipt this Period 500.00

**B. Andrew Beloni**  
Full Name (Last, First, Middle Initial)

Mailing Address 5624 Laurium Rd

City Charlotte State NC Zip Code 28226-5610

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 ▼ 300.00

Date of Receipt 06 / 04 / 2013  
**Transaction ID : FD96B2E3D7F849F08F4C**

Amount of Each Receipt this Period 50.00

**C. Lisa Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 2967 Lookout PI NE

City Atlanta State GA Zip Code 30305-3217

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2013  
**Transaction ID : 832B9B814EA882249E0**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 120
	<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 Political Action Committee**

**A. Ericha Benschoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5827 Rivoli Dr  
City Macon State GA Zip Code 31210-1449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 13 / 2013  
Transaction ID : 9960602D-AFB9-43F2-  
Amount of Each Receipt this Period 250.00

**B. Kenneth Berkenstock**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3555  
Lancaster Radiology Associates  
City Lancaster State PA Zip Code 17604-3555  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lancaster Radiology Associates Occupation Radiation Oncologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 504.00

Date of Receipt 06 / 21 / 2013  
Transaction ID : D9FA403D39E79783502  
Amount of Each Receipt this Period 84.00

**C. Michael Berry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1505 Trafalgar Rd  
City Winterville State NC Zip Code 28590-9823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 378.00

Date of Receipt 06 / 28 / 2013  
Transaction ID : 0E474B80381830612D6  
Amount of Each Receipt this Period 126.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. James Bezreh</b>		Date of Receipt
Mailing Address 55 Fogg Rd South Shore Hospital		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City South Weymouth	State MA	Zip Code 02190-2432
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 91451A16E8F99C8C7A4</b>
Name of Employer South Shore Hospital	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Manoj Bhatia</b>		Date of Receipt
Mailing Address PO Box 491633 Lake Imaging Center		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Leesburg	State FL	Zip Code 34749-1633
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3E62DD39DC47BC3D0A1</b>
Name of Employer Lake Medical Imaging	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Adam Bogomol</b>		Date of Receipt
Mailing Address 200 W 72nd St Apt 11K		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City New York	State NY	Zip Code 10023-3267
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38098422982DFA2DB91</b>
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
	<input type="text" value="390.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="630.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Adam Bogomol**

Mailing Address 200 W 72nd St  
Apt 11K

City New York State NY Zip Code 10023-3267

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : B1498662998828028CC**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**B. Michael Hamilton Brannon**

Mailing Address 114 Holland Trace Cir

City Simpsonville State SC Zip Code 29681-5869

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 02 / 2013  
**Transaction ID : 4646B8A44EE9957179AD**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**C. Thomas Brooks**

Mailing Address 1930 Pickering Trl

City Lancaster State PA Zip Code 17601-4972

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 21 / 2013  
**Transaction ID : 5E1A27501F70F6115F8**

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 107.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Joel Budin**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
06 / 21 / 2013  
Transaction ID : **8C911C2969EEFF6857**

Amount of Each Receipt this Period  
19.23

**B. Joel Budin**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
06 / 28 / 2013  
Transaction ID : **A740A0D6D3C5B186F20**

Amount of Each Receipt this Period  
19.23

**C. Justin Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fogg Rd  
South Shore Hospital

City South Weymouth State MA Zip Code 02190-2432

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 21 / 2013  
Transaction ID : **10C4376D931883AEFCF**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 120
	<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 Political Action Committee**

**A. Jerry Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address 34323 Parkview Ave

City Eustis State FL Zip Code 32736-7260

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : 25790D9F1C64FA30FFD**

Amount of Each Receipt this Period  
 500.00

**B. Mark Chambers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Des Peres Woods Ct

City Des Peres State MO Zip Code 63131-2055

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 4D6BE2CDC91414785EB**

Amount of Each Receipt this Period  
 75.00

**c. Pairoj Sea Chang**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Dixie Ave  
Radiology Assoc of Central Floor,

City Leesburg State FL Zip Code 34748-7601

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : 0CB9734B1D508FF43B2**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 120
	(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"/> 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 Political Action Committee**

**A. Shelley Charnoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 192 Hinckley Rd

City Milton State MA Zip Code 02186-2853

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

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : EFF25AE4C71E1AD98AC**

Amount of Each Receipt this Period **75.00**

**B. Jugesh Cheema**  
Full Name (Last, First, Middle Initial)

Mailing Address 2466 Oak Bend PI

City Newburgh State IN Zip Code 47630-8053

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

Name of Employer Medical Center of Delaware Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : 742D17128338472EBC01**

Amount of Each Receipt this Period **75.00**

**C. Raja Sekhar Cheruvu**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Via Foresta Ln

City Williamsville State NY Zip Code 14221-1984

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

Name of Employer Windsong Radiology Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **574.96**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : 431088ADBB01CA55A2B6**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Karl Chiang</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013 <b>Transaction ID : F36D6E15D56A80DBDB8</b>
Mailing Address 9 Doctors Park Eastern Radiologists Inc		Amount of Each Receipt this Period 126.00
City Greenville	State NC	Zip Code 27834-2801
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>B. Regina Chu</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2013 <b>Transaction ID : 658090D45A2F4E2D96D</b>
Mailing Address 15 Ogle Rd		Amount of Each Receipt this Period 19.23
City Old Tappan	State NJ	Zip Code 07675-7028
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. Regina Chu</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013 <b>Transaction ID : A5BDBD0E5F5C33172BD</b>
Mailing Address 15 Ogle Rd		Amount of Each Receipt this Period 19.23
City Old Tappan	State NJ	Zip Code 07675-7028
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 120
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 324 Dupont Cir

City Greenville State NC Zip Code 27858-6520

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : 2E12DDD84226513464D**

Amount of Each Receipt this Period  
**126.00**

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

Mailing Address 38 Lake Forest Dr

City Richmond Heights State MO Zip Code 63117-1303

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

Name of Employer Radiologic Imaging Consultants Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : 4BAD82E049B226923DEE**

Amount of Each Receipt this Period  
**125.00**

**C. James Coleman II**  
Full Name (Last, First, Middle Initial)

Mailing Address 7357 Savannah Dr

City Marion State MS Zip Code 39342-9004

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : 4163B4E154D19F015342**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **351.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Pedro Collazo-Ornes</b>		Date of Receipt
Mailing Address 3 Calle Nairn Apt 9		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City San Juan	State PR	Zip Code 00907-1569
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 475C947E68742424C3C6</b>
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Pedro Collazo-Ornes</b>		Date of Receipt
Mailing Address 3 Calle Nairn Apt 9		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City San Juan	State PR	Zip Code 00907-1569
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 48C88343834D9FB56D87</b>
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Conlin</b>		Date of Receipt
Mailing Address 6590 Andersonville Rd		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Clarkston	State MI	Zip Code 48346-2794
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2291D68153CF416CAFBA</b>
Name of Employer DRA of Flint, PC	Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 120
	<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 Political Action Committee**

**A. W. Conwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 293 Piney Bluff Rd

City Rembert State SC Zip Code 29128-9630

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

Name of Employer Pitts Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.96**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : 4D4B9A05F7BC364B9EDF**

Amount of Each Receipt this Period  
**416.66**

**B. Steven Cremer**  
Full Name (Last, First, Middle Initial)

Mailing Address 5565 Julie Ann Rd

City Bettendorf State IA Zip Code 52722-1181

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

Name of Employer Advanced Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : C264CF4EBFB9484A8B8B**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2509 Middleton Beach Rd

City Middleton State WI Zip Code 53562-2912

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

Name of Employer Madison Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **552.10**

Date of Receipt  
**06 / 02 / 2013**

**Transaction ID : 4B949A8874F9EE0E240F**

Amount of Each Receipt this Period  
**30.42**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **497.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 120
	<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 Political Action Committee**

**A. Cecil Cupp III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3633 Central Ave  
 Hot Springs Radiology Services, St  
 City Hot Springs State AR Zip Code 71913-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hot Springs Radiology Services, Ltd. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : 26451B97A04B4BC58C0A**  
 Amount of Each Receipt this Period  
**250.00**

**B. Patrick Datoc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 High Trl  
 City Atlanta State GA Zip Code 30339-5690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 6E5EE16A7105B59A31D**  
 Amount of Each Receipt this Period  
**500.00**

**C. Jose De Lima Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5351 Northland Dr  
 City Atlanta State GA Zip Code 30342-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 25EA5523F93A1F4BA1F**  
 Amount of Each Receipt this Period  
**500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 120
	<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 Political Action Committee**

**A. John Demeritt**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Baldwin Rd

City Saddle River State NJ Zip Code 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : 962DD0ACAFE54969AB3**

Amount of Each Receipt this Period **30.00**

**B. John Demeritt**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Baldwin Rd

City Saddle River State NJ Zip Code 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 5073642B73D55B1C4F4**

Amount of Each Receipt this Period **30.00**

**C. Rosendo Diaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Dixie Ave Ste 104

City Leesburg State FL Zip Code 34748-7601

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 18C6000935647FD8934**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **560.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 120
	(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"/> 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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Leeanna Dick**

Mailing Address 11630 Northgate Way

City Roswell State GA Zip Code 30075-2342

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2013**

**Transaction ID : E23349CAD9C8B6CEE52**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. John Donnal**

Mailing Address 305 Brooke Ave Apt 305

City Norfolk State VA Zip Code 23510-1347

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : D9D0A0F46F784EA6756**

Amount of Each Receipt this Period  
**249.99**

Full Name (Last, First, Middle Initial)  
**C. Melissa Duncan**

Mailing Address 1806 Bloomsbury Rd

City Greenville State NC Zip Code 27858-9612

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : 2D49DD280CD5D1B19A6**

Amount of Each Receipt this Period  
**126.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 120
	<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 Political Action Committee**

**A. Ahmed Elaini**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 54

City Andover State MA Zip Code 01810-0001

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : 7D5DF0203D92DD56008**

Amount of Each Receipt this Period **100.00**

**B. Paul Ellenbogen**  
Full Name (Last, First, Middle Initial)

Mailing Address 6612 Cliffbrook Dr

City Dallas State TX Zip Code 75254-8613

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

Name of Employer Southwest Imaging & Interven specialis Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.04**

Date of Receipt **06 / 09 / 2013**

**Transaction ID : 4D0291C2EC8CB74E3377**

Amount of Each Receipt this Period **208.34**

**C. Margaret Emy**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 Oxford Dr

City Tenafly State NJ Zip Code 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : E297A2DF4FE6B7D1F43**

Amount of Each Receipt this Period **19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **327.57**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Margaret Emy**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 Oxford Dr

City Tenaflly State NJ Zip Code 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 3EF4BF42BB6015F9EA**

Amount of Each Receipt this Period **19.23**

**B. Timothy Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 Killarney

City Williamsburg State VA Zip Code 23188-8415

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

Name of Employer Peninsula Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 06 / 2013**

**Transaction ID : 4EB7B98FE43A042FFE8**

Amount of Each Receipt this Period **250.00**

**C. Clifford Feiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 91 Blackland Dr NW

City Atlanta State GA Zip Code 30342-4401

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

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : D439E8DFA3B97ED680D**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **769.23**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. George Joseph Ferrone</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 <b>Transaction ID : 8CAF4B5C51E197A8219</b>
Mailing Address 440 E 62nd St Apt 18F		Amount of Each Receipt this Period 30.00
City New York	State NY	
Zip Code 10065-8345		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. George Joseph Ferrone</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : 3AF7DD86BD86F6B1452</b>
Mailing Address 440 E 62nd St Apt 18F		Amount of Each Receipt this Period 30.00
City New York	State NY	
Zip Code 10065-8345		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Tanya Fields</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 <b>Transaction ID : 4190D60DD96002262B</b>
Mailing Address 15235 Fairfax Ln		Amount of Each Receipt this Period 500.00
City Alpharetta	State GA	
Zip Code 30004-8080		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Amy Figueroa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Coventry Close

City Avondale Estates State GA Zip Code 30002-1437

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

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2013  
Transaction ID : 9400CDB5DA1A8221147

Amount of Each Receipt this Period 500.00

**B. Tobin Andrew Finizio II**  
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Lakeview Trl

City Kinston State NC Zip Code 28504-8183

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 06 / 28 / 2013  
Transaction ID : 0E981F5379F42E13D7F

Amount of Each Receipt this Period 126.00

**C. Thomas Forrest**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 N 72nd St  
Alegent Health Immanuel Med Center

City Omaha State NE Zip Code 68122-1709

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

Name of Employer Alegent Health Immanuel Med Ct Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2013  
Transaction ID : 6DA33D9A-F95E-4BE9-

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 876.00

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

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Arthur Fountain**

Mailing Address 1743 Wilsons Crossing Dr

City Decatur	State GA	Zip Code 30033-1103
-----------------	-------------	------------------------

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

Name of Employer Emory University	Occupation Diagnostic Radiologist
--------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2013**

**Transaction ID : 4A028BCC03F2DC3BAE39**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Tong Ge**

Mailing Address 36 Cabot Dr

City Chesterbrook	State PA	Zip Code 19087-5619
----------------------	-------------	------------------------

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

Name of Employer Univ of Texas Medical School	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : D1E60762-A4E8-4D56-**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**c. Gary Geil**

Mailing Address 1100 N Tustin Ave  
West Coast Radiology

City Santa Ana	State CA	Zip Code 92705-3595
-------------------	-------------	------------------------

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

Name of Employer Santa Ana Tustin Radiology Group	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : 462ABE6084FDCC80FBEC**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 120
	<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 Political Action Committee**

**A. Leonard Gibson Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Woodland Dr NW

City Wilson	State NC	Zip Code 27893-2122
----------------	-------------	------------------------

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

Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	28	/	2013

**Transaction ID : 6D32CA36F24AA706958**

Amount of Each Receipt this Period  

126.00
--------

**B. Eric Todd Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8933 Activity Rd

City San Diego	State CA	Zip Code 92126-4427
-------------------	-------------	------------------------

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

Name of Employer Beth Israel Medical Center	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	16	/	2013

**Transaction ID : 42D08EE05775465F207D**

Amount of Each Receipt this Period  

100.00
--------

**C. Robert Gore**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 Richmond St

City Dorchester Center	State MA	Zip Code 02124-5729
---------------------------	-------------	------------------------

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

Name of Employer South Shore Hospital	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
06	/	21	/	2013

**Transaction ID : 6C3736A7B5D2C2059FB**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>326.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Lauren Granata**

Mailing Address 1317 Five Point Rd

City Virginia Beach	State VA	Zip Code 23454-1930
------------------------	-------------	------------------------

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

Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : B03FFB2882963B8877A**

Amount of Each Receipt this Period  
252.00

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

Mailing Address 3366 Mathieson Dr NE

City Atlanta	State GA	Zip Code 30305-1735
-----------------	-------------	------------------------

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

Name of Employer Northside Radiology Associates	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 5D5F32ECBAF5290D34F**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2706 Isaac Dr

City Goldsboro	State NC	Zip Code 27530-8119
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FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : DE07319C196181513A8**

Amount of Each Receipt this Period  
126.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	628.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 120
	<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 Political Action Committee**

**A. Charles Grimes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Park Cir

City Cape Elizabeth State ME Zip Code 04107-9682

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

Name of Employer Spectrum Medical Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2013  
**Transaction ID : 4255AE187A01A9CBB50A**

Amount of Each Receipt this Period 250.00

**B. Joseph Gurinsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Dixie Ave Ste 104

City Leesburg State FL Zip Code 34748-7601

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2013  
**Transaction ID : 2A1A80FC881F362B90F**

Amount of Each Receipt this Period 500.00

**C. Labib Haddad**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Ramsgate Dr

City Olivette State MO Zip Code 63132-4116

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

Name of Employer West County Radiological Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2013  
**Transaction ID : 4591CA33B1CD7C88BDA**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Gene Han**

Mailing Address 24 Briarcliff Rd

City Tenaflly State NJ Zip Code 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : 00B909E2D887C2ECD7C**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. Gene Han**

Mailing Address 24 Briarcliff Rd

City Tenaflly State NJ Zip Code 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : 674F8970172A775238C**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Soheil Hanna**

Mailing Address 1000 Johnson Ferry Rd  
Northside Hospital

City Atlanta State GA Zip Code 30342-1606

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2013**

**Transaction ID : 01DB51417DA177B9F73**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **538.46**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. David Harry</b>		Date of Receipt
Mailing Address 136 Highview Rd		M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2013
City Stephenson	State VA	Zip Code 22656-2105
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 4968A1E664B7CEF96189</b>
Name of Employer Winchester Medical Center		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
2500.00		

Full Name (Last, First, Middle Initial) <b>B. Richard Held II</b>		Date of Receipt
Mailing Address 39144 Harbor Hills Blvd		M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013
City Lady Lake	State FL	Zip Code 32159-5931
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 2CDE37C77ACD6D1F845</b>
Name of Employer Lake Medical Imaging		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		500.00
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>C. John Herlong</b>		Date of Receipt
Mailing Address 1212 Sweetbriar Cir		M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013
City Kinston	State NC	Zip Code 28501-2641
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 0609D23F2BF1E058F8C</b>
Name of Employer Eastern Radiologists Inc.		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		126.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
378.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1876.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 120
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rayda Hernandez-Guasch</b>		Date of Receipt
Mailing Address 89 Ave De Diego Pmb 525, Ste 105		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City San Juan	State PR	Zip Code 00927-6370
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4711B7996F57D9EB9382</b>
Name of Employer University of Puerto Rico		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Michael Ho</b>		Date of Receipt
Mailing Address 5544 Greenwich Rd Medical Center Radiology Inc, Ste		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Virginia Beach	State VA	Zip Code 23462-6563
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : D3E82DABC5DA90D4044</b>
Name of Employer Medical Center Radiologists, I		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="249.99"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="499.98"/>		

Full Name (Last, First, Middle Initial) <b>C. Charles Steve Houston</b>		Date of Receipt
Mailing Address 38901 Berchfield Rd		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Lady Lake	State FL	Zip Code 32159-3935
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 637A38E18DEE849E1C1</b>
Name of Employer Lake Medical Imaging		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="849.99"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 120
	<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 Political Action Committee**

**A. Elizabeth Ignacio**  
Full Name (Last, First, Middle Initial)

Mailing Address 71 Kamaiki Cir

City Kahului	State HI	Zip Code 96732-3153
-----------------	-------------	------------------------

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

Name of Employer George Washington Med Center	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 4954BD8A09505A8F8119**

Amount of Each Receipt this Period  
**100.00**

**B. Cindy Janesky**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3555  
Lancaster Radiology Associates

City Lancaster	State PA	Zip Code 17604-3555
-------------------	-------------	------------------------

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

Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : 7BD7FFB2BD8940988A9**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2101 W Arlington Blvd  
Eastern Radiologists Inc, Ste 210

City Greenville	State NC	Zip Code 27834-5758
--------------------	-------------	------------------------

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 ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : CCCC82316C4507FBD68**

Amount of Each Receipt this Period  
**126.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>276.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Lester Johnson**

Mailing Address 1021 Downshire Chase

City Virginia Beach State VA Zip Code 23452-6154

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

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

Transaction ID : **D144838B296063678C7**

Amount of Each Receipt this Period  
**249.99**

Full Name (Last, First, Middle Initial)  
**B. Peter Johnstone**

Mailing Address 8926 Waterside Cir

City Indianapolis State IN Zip Code 46278-1158

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

Name of Employer Radiation Oncology Division Occupation Radiation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2013**

Transaction ID : **496DB49B44D96D226DD1**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Peter Jun**

Mailing Address 2091 Cedar Ave

City Menlo Park State CA Zip Code 94025-5902

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

Name of Employer University of California San Francisco Occupation Neuroradiology Fellow

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2013**

Transaction ID : **4267AB64260F9CF611D5**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>399.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. George Edward Kainz</b>			Date of Receipt 06 / 28 / 2013 <b>Transaction ID : ECCBB35E1B20BE22B37</b>		
Mailing Address 2024 Castelli Blvd			Amount of Each Receipt this Period 500.00		
City Mount Dora	State FL	Zip Code 32757-6517			
FEC ID number of contributing federal political committee. C					
Name of Employer Lake Medical Imaging		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Douglas Kallman</b>			Date of Receipt 06 / 05 / 2013 <b>Transaction ID : FA44F09B149EEF22AD2</b>		
Mailing Address 5281 Vernon Springs Trl			Amount of Each Receipt this Period 500.00		
City Atlanta	State GA	Zip Code 30327-4511			
FEC ID number of contributing federal political committee. C					
Name of Employer Northside Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Russell Kelley</b>			Date of Receipt 06 / 21 / 2013 <b>Transaction ID : 33FFC10B456AFD67A0C</b>		
Mailing Address PO Box 585			Amount of Each Receipt this Period 100.00		
City Norwell	State MA	Zip Code 02061-0585			
FEC ID number of contributing federal political committee. C					
Name of Employer South Shore Radiology Associates		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 120
	<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 Political Action Committee**

**A. William Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt  
**06 / 21 / 2013**  
Transaction ID : **2D0DCBE290F71E79A74**

Amount of Each Receipt this Period  
**33.00**

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt  
**06 / 28 / 2013**  
Transaction ID : **4728D4E0C1669AA6DAC**

Amount of Each Receipt this Period  
**33.00**

**C. Amy Kirby**  
Full Name (Last, First, Middle Initial)

Mailing Address 14708 Hollyhock Dr

City Oklahoma City State OK Zip Code 73142-1804

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

Name of Employer Eagle Eye Imaging Occupation Radiology Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1240.00**

Date of Receipt  
**06 / 02 / 2013**  
Transaction ID : **48FEB3BB8944BF4F87A0**

Amount of Each Receipt this Period  
**210.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **276.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Henryk Kowalski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 Chesapeake Pl  
 City Greenville State NC Zip Code 27858-0678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : E1246A007B5A96B21D5**  
 Amount of Each Receipt this Period  
 126.00

**B. Jeffrey Kramer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2147 Meadow Ridge Dr  
 City Lancaster State PA Zip Code 17601-5762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2013  
**Transaction ID : F53ACBB4A0304805A9D**  
 Amount of Each Receipt this Period  
 100.00

**C. Robert Krugman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W 86th St Apt 4C  
 City New York State NY Zip Code 10024-3157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2013  
**Transaction ID : F1E685076DD8131593E**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 120
	<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 Political Action Committee**

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

Mailing Address 334 W 86th St  
Apt 4C

City New York State NY Zip Code 10024-3157

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : BA097FA77D50DD4A23C**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**B. David Kushner**

Mailing Address 2020 Canal Rd

City Virginia Beach State VA Zip Code 23451-1615

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : 6E64417FAE6FEAA1A77**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**C. Brian Kuszyk**

Mailing Address 3219 Old Oak Walk

City Greenville State NC Zip Code 27858-8441

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : F0E81F64F77E7732BD**

Amount of Each Receipt this Period  
126.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 120
	<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 Political Action Committee**

**A. Paul Lampert**  
Full Name (Last, First, Middle Initial)

Mailing Address 11595 E 26th St

City Yuma State AZ Zip Code 85367-2203

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

Name of Employer MDIG Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 02 / 2013**

**Transaction ID : 49E7A712ECCB12EBEBBC**

Amount of Each Receipt this Period **100.00**

**B. Eugene Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 5390 Cross Roads Mnr

City Atlanta State GA Zip Code 30327-4285

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : 2563CDA29AB3BF551BB**

Amount of Each Receipt this Period **500.00**

**C. Paul Leslie**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Eshelman Rd

City Lancaster State PA Zip Code 17601-5645

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : 9421407AC7B4995B482**

Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 120
	<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 Political Action Committee**

**A. Gregory Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 518 Chesapeake Pl

City Greenville State NC Zip Code 27858-0678

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

Name of Employer Eastern Radiologists Inc Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : 8E93EEE857FDABE6B0C**

Amount of Each Receipt this Period  
**126.00**

**B. Michael Linver**  
Full Name (Last, First, Middle Initial)

Mailing Address 6504 Avenida La Cuchilla NW

City Los Ranchos State NM Zip Code 87107-5637

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

Name of Employer X-Ray Associates of N.M., P.C. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : AE70AD52E31838B95F4**

Amount of Each Receipt this Period  
**250.00**

**C. Yi Liu**  
Full Name (Last, First, Middle Initial)

Mailing Address 39842 Darlington Ave

City Lady Lake State FL Zip Code 32159-3352

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : ACD4DDFD19E90BDB5C3**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **876.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 120
	<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 Political Action Committee**

**A. John Lohnes Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8903  
 Wichita Radiological Group Pa  
 City State Zip Code  
 Wichita KS 67208-0903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wichita Radiological Group PA Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2013  
**Transaction ID : 4D29BE734A234B6DFA5B**  
 Amount of Each Receipt this Period  
 250.00

**B. H. E. Longmaid III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Harwich Rd  
 City State Zip Code  
 Chestnut Hill MA 02467-3023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Deaconess Hospital Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : 45F9AE59BF74C831EEB9**  
 Amount of Each Receipt this Period  
 41.67

**C. Kay Lozano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8100 E Union Ave  
 Unit 2104  
 City State Zip Code  
 Denver CO 80237-2979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Radiology Imaging Association Diagnostic Radiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1254.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : 4A3B8DE3EEB5A8EF6683**  
 Amount of Each Receipt this Period  
 209.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Phillip Luebbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 9528 25th Bay St

City Norfolk State VA Zip Code 23518-1812

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 28 / 2013  
**Transaction ID : A143E1AF833676AF34B**

Amount of Each Receipt this Period 249.99

**B. Joseph Lurito**  
Full Name (Last, First, Middle Initial)

Mailing Address 2101 W Arlington Blvd  
Eastern Radiologists Inc, Ste 210

City Greenville State NC Zip Code 27834-5758

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 ▼ 378.00

Date of Receipt 06 / 28 / 2013  
**Transaction ID : A6FD341CA49BD5567A4**

Amount of Each Receipt this Period 126.00

**C. Jennifer Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 154 Forest Ave

City Cohasset State MA Zip Code 02025-1340

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2013  
**Transaction ID : 1BC097B604C0CAD4747**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 120
	<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 Political Action Committee**

**A. John Mahoney**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fogg Rd  
South Shore Hospital

City South Weymouth State MA Zip Code 02190-2432

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

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 21 / 2013  
Transaction ID : **F7CE1D809EB122924E9**

Amount of Each Receipt this Period  
100.00

**B. Hiten Magan Malde**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 21 / 2013  
Transaction ID : **C3EA85665DE5D38B091**

Amount of Each Receipt this Period  
30.00

**C. Hiten Magan Malde**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 28 / 2013  
Transaction ID : **6E3DDAD9993F830844C**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 120
	<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 Political Action Committee**

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

Mailing Address 824 Lexington Dr

City Greenville State NC Zip Code 27834-0548

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 ▼ **378.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 84384EC04FFCB58D2E6**

Amount of Each Receipt this Period **126.00**

**B. Geraldine McGinty**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Avenue B Apt 3C

City New York State NY Zip Code 10009-5029

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

Name of Employer Montefiore Imaging Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 20 / 2013**

**Transaction ID : 4037A563468FCD2B7D3C**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 7245 Scotshire Way

City Cumming State GA Zip Code 30040-7396

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : 860BE09A48ECAE9A8A5**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **726.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Susan McKenzie</b>		Date of Receipt
Mailing Address 5544 Greenwich Rd Medical Center Rads Inc, Ste 200		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 24659614BEEF1B32698</b>
Virginia Beach	VA	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="249.99"/>
	23462-6563	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Medical Center Radiologists, I	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. J. Mark McKinney</b>		Date of Receipt
Mailing Address 4500 San Pablo Rd S Mayo Clinic		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 47C8AB455C6012A81545</b>
Jacksonville	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="100.00"/>
	32224-1865	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mayo Clinic	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John McMullen III</b>		Date of Receipt
Mailing Address 1771 Heim Rd		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 49EFDA264FA0268D16D</b>
Mount Dora	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="500.00"/>
	32757-3617	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Lake Medical Imaging	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="849.99"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Richard Meli</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 <b>Transaction ID : 1359EF7130850299F7D</b>
Mailing Address 3359 Glenrose Trl		Amount of Each Receipt this Period 500.00
City Atlanta	State GA	
Zip Code 30341-5783		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Patricia Mergo</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2013 <b>Transaction ID : 421888A2A987645F5C69</b>
Mailing Address 4500 San Pablo Rd S Mayo Clinic		Amount of Each Receipt this Period 85.00
City Jacksonville	State FL	
Zip Code 32224-1865		Aggregate Year-to-Date ▼ 685.00
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Florida Box 100374	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. William Sloane Millar</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2013 <b>Transaction ID : 45AA8EEA19145C5DFE68</b>
Mailing Address 16 Hedgerow Dr		Amount of Each Receipt this Period 50.00
City Englewood	State NJ	
Zip Code 07631-5036		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia University Radiologists	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 120
	<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 Political Action Committee**

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

Mailing Address 2 Constitution Ct  
Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : 6A559F802897056F4AF**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 2 Constitution Ct  
Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : 672EDC34C8047F675BF**

Amount of Each Receipt this Period  
**30.00**

**C. Steven Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Moffat Rd

City Waban State MA Zip Code 02468-1112

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

Name of Employer Newton Wellesley Hosp Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 06 / 2013**

**Transaction ID : 42729B6F778D904347D4**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **310.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Christopher Minette</b>		Date of Receipt
Mailing Address 504 Waverly Park Dr		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Macon	State GA	Zip Code 31210-7571
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B557EF33-57E3-4350-</b>
Name of Employer Radiology Associates of Macon		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Slobodan Miseljc</b>		Date of Receipt
Mailing Address 20 Lawrence St		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Boston	State MA	Zip Code 02116-6211
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 9DF872E06D5C7519903</b>
Name of Employer South Shore Radiology Associates		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ellen Morris</b>		Date of Receipt
Mailing Address 10 Eagle Dr		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Canton	State MA	Zip Code 02021-1573
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 99F6CA4077BAF121D63</b>
Name of Employer South Shore Hospital		Amount of Each Receipt this Period
Occupation Diagnostic Radiologist		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="375.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 Political Action Committee**

**A. Demetrius Morros**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7418 Ridgcrest Court Rd  
 City Vestavia State AL Zip Code 35242-0525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 06 / 05 / 2013  
**Transaction ID : 4777AB50D38710AF54B5**  
 Amount of Each Receipt this Period  
 83.34

**B. Steven Moss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Westminster Dr NE  
 City Atlanta State GA Zip Code 30309-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 05 / 2013  
**Transaction ID : 306CEE5C2A9E6EB7995**  
 Amount of Each Receipt this Period  
 500.00

**c. Charles Mulry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5901 Technology Center Dr  
 Northwest Radiology Network  
 City Indianapolis State IN Zip Code 46278-6013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison County Imaging Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 06 / 05 / 2013  
**Transaction ID : 3301AC39B313B98A44A**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 120
	<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 Political Action Committee**

**A. Mohit Naik**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 W End Ave  
Apt 18C

City New York State NY Zip Code 10024-5785

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 21 / 2013  
**Transaction ID : B617295CB588A9D2A50**

Amount of Each Receipt this Period  
38.46

**B. Mohit Naik**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 W End Ave  
Apt 18C

City New York State NY Zip Code 10024-5785

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : ADE08CC3A42862AD5F0**

Amount of Each Receipt this Period  
38.46

**C. Mark Nicol**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Johnson Ferry Rd  
Northside Hospital

City Atlanta State GA Zip Code 30342-1606

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

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 05 / 2013  
**Transaction ID : 0D1AA3A29C4606E2F2D**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 120
	<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 Political Action Committee**

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

Mailing Address 80 Riverside Blvd  
Apt 14P

City New York State NY Zip Code 10069-0314

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : 0FC48769F64B809D62A**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 80 Riverside Blvd  
Apt 14P

City New York State NY Zip Code 10069-0314

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : 6A1148BC89FBE28A646**

Amount of Each Receipt this Period  
**19.23**

**C. Kathleen Nixon**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 Avery Dr NE

City Atlanta State GA Zip Code 30309-2700

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

Name of Employer Northside Radiology Associates, P.C. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 05 / 2013**

**Transaction ID : C2FE1DBB24C46AC4146**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **538.46**

**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 120
	<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 Political Action Committee**

**A. Kevin O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11800 E 12 Mile Rd  
 St. Johns Macomb Hospital  
 City Warren State MI Zip Code 48093-3472  
 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 ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : 4110BD18205924B3E25C**  
 Amount of Each Receipt this Period  
 42.00

**B. Daniel O'Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 S 7th Ave  
 W Reading Radiology Assoc, Ste 135  
 City Reading State PA Zip Code 19611-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Reading Radiology Associates  
 Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2013  
**Transaction ID : 1C21CF2D-263B-436D-**  
 Amount of Each Receipt this Period  
 500.00

**C. Eveleen Oleinik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1021 Downshire Chase  
 City Virginia Beach State VA Zip Code 23452-6154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Center Radiologists, Inc  
 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 Y Y  
 06 / 28 / 2013  
**Transaction ID : 601DC112A8BD0806060**  
 Amount of Each Receipt this Period  
 168.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 120
	<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 Political Action Committee**

**A. Andrew Osiason**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 21 / 2013**

**Transaction ID : C124B8CFCE06C42CD75**

Amount of Each Receipt this Period **30.00**

**B. Andrew Osiason**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : CAF02BE3E4E2F05C6C6**

Amount of Each Receipt this Period **30.00**

**C. Todd Ostrow**  
Full Name (Last, First, Middle Initial)

Mailing Address 265 Pineland Rd NW

City Atlanta State GA Zip Code 30342-4018

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 05 / 2013**

**Transaction ID : 25674AA02AF08C724DC**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **560.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 120
	<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 Political Action Committee**

**A. Serge Ouounou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Battle Ridge Dr  
 City Atlanta State GA Zip Code 30342-2451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 05 / 2013**  
**Transaction ID : AB94A2DA01E3BCC1FD8**  
 Amount of Each Receipt this Period **500.00**

**B. David Panush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 538 E 84th St Apt 4E  
 City New York State NY Zip Code 10028-7357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 21 / 2013**  
**Transaction ID : 90ABC11E8D3FA276D37**  
 Amount of Each Receipt this Period **30.00**

**c. David Panush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 538 E 84th St Apt 4E  
 City New York State NY Zip Code 10028-7357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : 260E780618E83A6FD51**  
 Amount of Each Receipt this Period **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 120
	<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 Political Action Committee**

**A. Dhiren Patel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1041 Bluestone Dr  
City Lititz State PA Zip Code 17543-6900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lancaster Radiology Associates, Ltd. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2013  
**Transaction ID : 41408697F50D2A1F847**  
Amount of Each Receipt this Period  
50.00

**B. Divyesh Patel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1143 Treadway Rd  
City Munster State IN Zip Code 46321-2856  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiologic Associates of Northwest Ind Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2013  
**Transaction ID : 4252A7D0616113F07C49**  
Amount of Each Receipt this Period  
100.00

**C. Rita S. Patel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Ware Rd  
City Upper Saddle River State NJ Zip Code 07458-1919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2013  
**Transaction ID : 6A542F3935512E21D0E**  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 120
	<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 Political Action Committee**

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

Mailing Address 3 Ware Rd

City Upper Saddle River State NJ Zip Code 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 608A2B21C01DE975B4F**

Amount of Each Receipt this Period **300.00**

**B. Romil Patel**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 491633  
Lake Medical Imaging Center

City Leesburg State FL Zip Code 34749-1633

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : F3BB3DFF4D1B4D513DB**

Amount of Each Receipt this Period **500.00**

**C. Mahrad Paymani**  
Full Name (Last, First, Middle Initial)

Mailing Address 2627 Madera Ct

City Lady Lake State FL Zip Code 32159-3347

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : AC3A0225F86A8778031**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1030.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 Political Action Committee**

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

Mailing Address 1911 NC Highway 121

City Greenville State NC Zip Code 27834-7187

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

Transaction ID : **0687CB6370268303AE3**

Amount of Each Receipt this Period  
**126.00**

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

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

Transaction ID : **D48D83D2E5881B6065F**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

Transaction ID : **04E5F669662ACED87AA**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **186.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 120
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Potter**

Mailing Address 1803 Bloomsbury Rd

City Greenville State NC Zip Code 27858-9617

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : 55B2C6E09773F45725A**

Amount of Each Receipt this Period  
**126.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas Poulton**

Mailing Address 2600 6th St SW  
Aultman Hospital

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultman Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 22 / 2013**

**Transaction ID : 45679E84C8AEA37C3C46**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Ori Preis**

Mailing Address 60 Charlotte Rd

City Newton State MA Zip Code 02459-1708

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

Name of Employer South Shore Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : 91C9841585ADAB3C9BF**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **476.00**

**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 64 OF 120  
(check only one)

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

**A. Mohammed Fared Quraishi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 534 13th Ave W  
City Kirkland State WA Zip Code 98033-4831  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radia, Inc. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **475.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2013**  
**Transaction ID : 407A9EF52FE72F61A754**  
Amount of Each Receipt this Period  
**50.00**

**B. Joel Rakow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 505 Ivy Ln  
City Wyckoff State NJ Zip Code 07481-1072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2013**  
**Transaction ID : 1E44BB788B292D93A73**  
Amount of Each Receipt this Period  
**30.00**

**C. Joel Rakow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 505 Ivy Ln  
City Wyckoff State NJ Zip Code 07481-1072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**  
**Transaction ID : 81351FC605C519BFC8D**  
Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Isabel Ramirez De Arellano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 <b>Transaction ID : A8370AD29C9F46539988</b>
Mailing Address PO Box 3689		Amount of Each Receipt this Period 30.00
City Mayaguez	State PR	Zip Code 00681-3689
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 ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B. Vikram Rao</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2013 <b>Transaction ID : B351C8F49EF673705F3</b>
Mailing Address 14348 Manderleigh Woods Dr		Amount of Each Receipt this Period 42.00
City Town And Country	State MO	Zip Code 63017-8056
FEC ID number of contributing federal political committee. C		
Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. James Rawson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2013 <b>Transaction ID : 438AB92F887963DC6B17</b>
Mailing Address 1120 15th St Medical College of Georgia, # BA14		Amount of Each Receipt this Period 83.34
City Augusta	State GA	Zip Code 30912-0004
FEC ID number of contributing federal political committee. C		
Name of Employer Medical College of Georgia	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 120
	<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 Political Action Committee**

**A. William Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Fort Jesse Rd  
Bloomington Radiology Sc, Ste 280

City Normal State IL Zip Code 61761-6289

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

Name of Employer Bloomington Radiology SC Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 21 / 2013  
Transaction ID : **5E0CE7E6E4A24056AEC1**

Amount of Each Receipt this Period  
100.00

**B. Robert Rhodes III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1041 Maple Ct

City Athens State GA Zip Code 30606-5746

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

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 07 / 2013  
Transaction ID : **4776AE4638C10618C584**

Amount of Each Receipt this Period  
125.00

**C. Sharon Rim**  
Full Name (Last, First, Middle Initial)

Mailing Address 452 Broadland Rd NW

City Atlanta State GA Zip Code 30342-3607

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 05 / 2013  
Transaction ID : **CE9FA2BCB6BEB6266DD**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 120
	<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	<input type="checkbox"/> 17

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

**A. Joseph Robinette**  
Full Name (Last, First, Middle Initial)

Mailing Address 680 Lexington Dr

City Greenville State NC Zip Code 27834-7858

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : C1C7BD229C07DAE2509**

Amount of Each Receipt this Period  
**126.00**

**B. John M Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 W Gap Creek Rd

City Greer State SC Zip Code 29651-5065

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : 4A6E9F5B7D94E1651F43**

Amount of Each Receipt this Period  
**42.00**

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

Mailing Address PO Box 26430

City Macon State GA Zip Code 31221-6430

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

Name of Employer RAM, P.C. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : 77C6EDF1-375B-4EF4-**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>418.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 120
	<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 Political Action Committee**

**A. Toni Roth**  
Full Name (Last, First, Middle Initial)

Mailing Address 7849 Stanford Ave

City Saint Louis State MO Zip Code 63130-3611

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

Name of Employer Central Illinois Neurosciences Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 05 / 2013  
Transaction ID : 6A8B488BC63B52D2E03

Amount of Each Receipt this Period  
50.00

**B. Arthur Sandy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Argyle Rd

City Birmingham State AL Zip Code 35213-3403

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

Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 27 / 2013  
Transaction ID : 48519F573006E967AB59

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1807 Bloomsbury Rd

City Greenville State NC Zip Code 27858-9617

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
06 / 28 / 2013  
Transaction ID : A8019E9CE3229350637

Amount of Each Receipt this Period  
126.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 120
	<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 Political Action Committee**

**A. Bruce Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 738 Lexington Dr  
City Greenville State NC Zip Code 27834-0507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **378.00**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : D87D854C2D389137047**  
Amount of Each Receipt this Period **126.00**

**B. Martin Schwartz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2090 Columbiana Rd  
Radiology Associates of Birmingham  
City Vestavia State AL Zip Code 35216-2152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Associates of Birmingham, PC Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2013**  
**Transaction ID : 18A9309A73194FCA87AC**  
Amount of Each Receipt this Period **100.00**

**C. Marc Schwartzberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 E Dixie Ave  
City Leesburg State FL Zip Code 34748-7699  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : 71770CE9B86A5AE9914**  
Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **726.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ali Sepahdari</b>		Date of Receipt
Mailing Address 11826 Dorothy St Apt 301		M M M / D D D / Y Y Y Y Y Y 06 / 11 / 2013
City	State	Zip Code
Los Angeles	CA	90049-5384
FEC ID number of contributing federal political committee.		Transaction ID : <b>4339BE1BC82EF4DA17CE</b>
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
University of Illinois	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>B. Anton Serafini</b>		Date of Receipt
Mailing Address 173 Harston Ct		M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013
City	State	Zip Code
Lake Mary	FL	32746-6973
FEC ID number of contributing federal political committee.		Transaction ID : <b>761274C2821282EA70D</b>
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Lake Medical Imaging	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. Heather Seymour</b>		Date of Receipt
Mailing Address 9 Doctors Park Eastern Radiologists Inc.		M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013
City	State	Zip Code
Greenville	NC	27834-2801
FEC ID number of contributing federal political committee.		Transaction ID : <b>1083C76A64234E6CF46</b>
C		Amount of Each Receipt this Period
		126.00
Name of Employer	Occupation	
Eastern Radiologists Inc.	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	378.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	726.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 120
	<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 Political Action Committee**

**A. Leigh Shuman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 Lincoln Hwy E

City Lancaster	State PA	Zip Code 17602-2639
-------------------	-------------	------------------------

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

Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2013

**Transaction ID : 3E87E05926F597B3F4D**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2101 W Arlington Blvd  
Eastern Radiologists Inc, Ste 210

City Greenville	State NC	Zip Code 27834-5758
--------------------	-------------	------------------------

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 ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : 9827B129DF2025A9FC6**

Amount of Each Receipt this Period  
**126.00**

**C. Lonnie Simmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 South Ave  
Gundersen/Lutheran Med Center, # C

City La Crosse	State WI	Zip Code 54601-5467
-------------------	-------------	------------------------

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

Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : 9D47F673F60E44ED949F**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>259.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 120
	<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 Political Action Committee**

**A. Garry Simons III**  
Full Name (Last, First, Middle Initial)

Mailing Address 726 Latrobe Way

City Macon State GA Zip Code 31220-7622

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

Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2013  
**Transaction ID : C0F7729F-FA86-45EA-**

Amount of Each Receipt this Period 250.00

**B. Kevin L Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 1990 Connecticut Ave S  
Regional Diagnostic Radiology, Ste

City Sartell State MN Zip Code 56377-2554

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

Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 20 / 2013  
**Transaction ID : 4A54BED84EDDF4F36D29**

Amount of Each Receipt this Period 208.34

**C. Adam Specht**  
Full Name (Last, First, Middle Initial)

Mailing Address 3309 Chappell Pl

City Virginia Beach State VA Zip Code 23452-6290

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 28 / 2013  
**Transaction ID : 7D378672B12ABA9AF92**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 758.34

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 120
	<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 Political Action Committee**

**A. David St Germain**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Forrest Ct

City Metairie	State LA	Zip Code 70001-6155
------------------	-------------	------------------------

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

Name of Employer Radiology and Interven Assoc of Metair	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2013**

**Transaction ID : 458E9E15E362836B9B1D**

Amount of Each Receipt this Period  
**250.00**

**B. David St Germain**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Forrest Ct

City Metairie	State LA	Zip Code 70001-6155
------------------	-------------	------------------------

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

Name of Employer Radiology and Interven Assoc of Metair	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 13 / 2013**

**Transaction ID : 4686B8FE145C456DE036**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 20 Prospect Ave  
 Hackensack Univ Med Center, Ste 51

City Hackensack	State NJ	Zip Code 07601-1962
--------------------	-------------	------------------------

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

Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : CD1831061E1FA7D21FC**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>369.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 120
	<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 Political Action Committee**

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

Mailing Address 20 Prospect Ave  
Hackensack Univ Med Center, Ste 51

City Hackensack State NJ Zip Code 07601-1962

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 28 / 2013**  
Transaction ID : **EC6C4D69D298847FA2D**

Amount of Each Receipt this Period **19.23**

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

Mailing Address 2859 Drake Mallard Dr

City Grimesland State NC Zip Code 27837-9509

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **06 / 28 / 2013**  
Transaction ID : **C7ED7809C1543C2C828**

Amount of Each Receipt this Period **126.00**

**C. James Strain**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Avery St  
Apt 31A

City Boston State MA Zip Code 02111-1017

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

Name of Employer New England Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 21 / 2013**  
Transaction ID : **F142B8264D98833C5E0**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **245.23**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Bates Way  
 City Hanover State MA Zip Code 02339-1597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Radiology Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 21 / 2013**  
**Transaction ID : D78CF2C271794008418**  
 Amount of Each Receipt this Period **100.00**

**B. Sunitha Sunkavalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 High Mountain Rd  
 City Franklin Lakes State NJ Zip Code 07417-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.99**

Date of Receipt **06 / 21 / 2013**  
**Transaction ID : 282464D46DE31AD5D22**  
 Amount of Each Receipt this Period **19.23**

**C. Sunitha Sunkavalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 High Mountain Rd  
 City Franklin Lakes State NJ Zip Code 07417-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.99**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : C78B1ED3208DEFD8C9A**  
 Amount of Each Receipt this Period **19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **138.46**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Suojanen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Fogg Rd  
 South Shore Hospital  
 City South Weymouth State MA Zip Code 02190-2432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 06 / 21 / 2013  
**Transaction ID : 5388B47A4BBB66BD153**  
 Amount of Each Receipt this Period  
**100.00**

**B. Brian Sydow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11014 Taconic Way  
 City Duluth State GA Zip Code 30097-1937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 06 / 05 / 2013  
**Transaction ID : A28E36CCB09F121E7A4**  
 Amount of Each Receipt this Period  
**500.00**

**C. Monika Tataria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 Oak View Dr  
 City Pelham State AL Zip Code 35124-3291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 06 / 26 / 2013  
**Transaction ID : 994DE20824120E85A84**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles Tate III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 SW 15th St  
 City Boca Raton State FL Zip Code 33486-6858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiologists of N. Ft. Lauderdale, PA Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2013  
**Transaction ID : 46D78F5142A5D8297871**  
 Amount of Each Receipt this Period  
**42.00**

**B. Shawn Teague**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11844 Tarver Ct  
 City Fishers State IN Zip Code 46037-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Univ School of Medicine Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2013  
**Transaction ID : 4F42B940B340C8333944**  
 Amount of Each Receipt this Period  
**100.00**

**C. Anthony Thaxton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 548 Westminster Cir  
 City Greenville State NC Zip Code 27858-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : 62374641882413FA721**  
 Amount of Each Receipt this Period  
**126.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>268.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sean Theisen**

Mailing Address 1346 Whispering Maples Ct

City State Zip Code  
 Ann Arbor MI 48108-2492

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

Name of Employer Occupation  
 Huron Valley Radiology Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2013

**Transaction ID : 14B0ABAD81774FB7B98A**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Richard Thomas**

Mailing Address 1431 Kemp Bridge Ln

City State Zip Code  
 Chesapeake VA 23320-5226

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

Name of Employer Occupation  
 Medical Center Radiologists, Inc Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : 140DCE1BD259082B797**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Thomasson**

Mailing Address 3 Brookside Ln

City State Zip Code  
 Saint Louis MO 63124-1814

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

Name of Employer Occupation  
 West County Radiological Group Diagnostic Radiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : 6E7EF124CEFC998A9A4**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 120
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Russell Tippins**

Mailing Address 4 Polo Dr NE

City Atlanta State GA Zip Code 30309-2720

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 05 / 2013  
**Transaction ID : 63A5A5AD9796FDA9E43**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 201 E 80th St Apt 8F

City New York State NY Zip Code 10075-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
06 / 21 / 2013  
**Transaction ID : CEFDEF1651241F02C30**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 201 E 80th St Apt 8F

City New York State NY Zip Code 10075-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
06 / 28 / 2013  
**Transaction ID : A781F6BA57EF1EBB793**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert Tyrrel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 W Nancy Creek Ct NE  
 City Atlanta State GA Zip Code 30319-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 76F820A8CFD17F74CAD**  
 Amount of Each Receipt this Period  
**500.00**

**B. Venetia Vassiliades**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Shoreline Dr  
 City Gulf Breeze State FL Zip Code 32561-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : D1025011E65AA4DACE4**  
 Amount of Each Receipt this Period  
**250.00**

**C. Srekanth Vemuri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Glenairy Dr  
 City Atlanta State GA Zip Code 30328-4217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : B0632E920B2A34B4D69**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 120
	<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 Political Action Committee**

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

Mailing Address 516 Chesapeake Pl

City Greenville State NC Zip Code 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 ▼ **378.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 5EB4181F2E9E705B5E1**

Amount of Each Receipt this Period **126.00**

**B. Devin Waldrop**  
Full Name (Last, First, Middle Initial)

Mailing Address 423 Waverly Ln

City Macon State GA Zip Code 31210-7573

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

Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 23 / 2013**

**Transaction ID : 2C4538B2-4EC5-4C9E-**

Amount of Each Receipt this Period **250.00**

**C. Bobby Walters Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2231 Lexington Farms Ct

City Greenville State NC Zip Code 27834-4702

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 0B8F3A7AEFA5C9FC737**

Amount of Each Receipt this Period **126.00**

**SUBTOTAL** of Receipts This Page (optional)..... **502.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Carolyn Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5775 Glenridge Dr  
 Northside Radiology Associates, St  
 City Atlanta State GA Zip Code 30328-7297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 045D12D0DB02FA30EFD**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

**B. James Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9132 E 101st Pl  
 City Tulsa State OK Zip Code 74133-6912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Oklahoma Health Sci Ctr Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : 1173FAA265F04C39A6FF**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  
 1500.00

**C. James Weinstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 741 Burning Tree Dr SE  
 City Marietta State GA Zip Code 30067-4721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 0812AE1BEFC270C56E4**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 120
	<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 Political Action Committee**

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

Mailing Address 2101 W Arlington Blvd  
Eastern Radiologists Inc, Ste 210

City Greenville State NC Zip Code 27834-5758

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
**06 / 28 / 2013**

**Transaction ID : A05F1D91CA04226A6E4**

Amount of Each Receipt this Period  
**126.00**

**B. Simon Westacott**  
Full Name (Last, First, Middle Initial)

Mailing Address 1965 Glendower Dr

City Lancaster State PA Zip Code 17601-4945

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : 45E32F644B003530654**

Amount of Each Receipt this Period  
**100.00**

**C. Patrick Weybright**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Mastersonville Rd

City Manheim State PA Zip Code 17545-9461

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

Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 21 / 2013**

**Transaction ID : 83D2512F3004B064C00**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>326.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 120
	<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 Political Action Committee**

**A. David Weyn**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Dixie Ave  
Ste 104

City Leesburg State FL Zip Code 34748-7601

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 28 / 2013  
Transaction ID : **A85A54CF31B278A1F21**

Amount of Each Receipt this Period  
500.00

**B. Heather Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Trail Pt

City Atlanta State GA Zip Code 30350-2721

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

Name of Employer Medical Assoc of N Georgia Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 05 / 2013  
Transaction ID : **0BFF6210C88F5109839**

Amount of Each Receipt this Period  
250.00

**C. Mark Wittry**  
Full Name (Last, First, Middle Initial)

Mailing Address 10525 Concord School Rd

City Saint Louis State MO Zip Code 63128-1232

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

Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
06 / 08 / 2013  
Transaction ID : **49DDABAF9F529B114169**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Vanessa Workman**

Mailing Address 507 Guilder Ln

City Greenville State NC Zip Code 27858-6581

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

Name of Employer Eastern Radiologists Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

Transaction ID : **7EF43CBB8443A0567F2**

Amount of Each Receipt this Period  
**126.00**

Full Name (Last, First, Middle Initial)  
**B. Clement Yang**

Mailing Address 555 W 59th St Apt 19E

City New York State NY Zip Code 10019-1241

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

Transaction ID : **BF4E93CA651B953C45C**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**c. Clement Yang**

Mailing Address 555 W 59th St Apt 19E

City New York State NY Zip Code 10019-1241

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

Transaction ID : **AE0B7EF2D4164B1265C**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>164.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Mark Yeh**

Mailing Address 330 Cordova St  
Unit 311

City Pasadena State CA Zip Code 91101-4604

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

Name of Employer Mark M. Yeh, M.D., Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2013  
**Transaction ID : 46709F9E4FAC8854DA56**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Maurice Yoskin**

Mailing Address PO Box 78

City Eastlake Weir State FL Zip Code 32133-0078

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

Name of Employer Lake Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : 0068ACAF6303BC2F8E7**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. James Zakem**

Mailing Address 5005 Riverview Rd

City Atlanta State GA Zip Code 30327-4237

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 3504C7361D5AF10BD6D**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	47973.79

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank of America - Hard**

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 28261-7025

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 431D0F1DB5887C0A415

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**

Mailing Address 919 Congress Ave Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name  
**Alamo PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2013

Transaction ID : F07E15E58866CC03CA9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Alexander for Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: TN District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2013

Transaction ID : 5ECC2CECB9D574FE5F7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Garland Hale Barr IV**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

Transaction ID : ADCB80D6B06ED50316D

Amount of Each Disbursement this Period

1000.00

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

7000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Garland Hale Barr IV**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : 691653B116DC9395CAF

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Andy Harris for Congress

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Andrew P. Harris**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : BA29E1140C5F24506E3

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gus Michael Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	3

Transaction ID : 2C33A4051EA6890E05A

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blue Dog Political Action Committee**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Blue Dog Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 181F4E148EB64ED2874**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Eric Ivan Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2013

**Transaction ID : 0F13206B5D91120EEC1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cantor for Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Eric Ivan Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 738528486A80C42C1DE**

Amount of Each Disbursement this Period

1500.00

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

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

6500.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capito for West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2013

**Transaction ID : 8CB625E93BDBB424F78**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 676BD6FF44C0372D43A**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : BB48D501E8123B902D1**

Amount of Each Disbursement this Period

3500.00

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

9000.00

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chesapeake PAC**

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Chesapeake PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : E8E5B7B300AC9F218E8**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Chris Gibson for Congress**

Mailing Address PO Box 234

City Saratoga Springs State NY Zip Code 12866-0234

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Christopher Patrick Gibson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: NY District: 19

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 4D651FCF9A27FE3F7CF**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Coffman for Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 085CF5ED8F7EAF79692**

Amount of Each Disbursement this Period

2000.00

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

9000.00

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Congressman Bill Young Campaign Committee**

Mailing Address PO Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Charles William Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

Transaction ID : ED4BFABE4F4EF86AAE4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Continuing a Majority Party Action Committee (CAMPAC)**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Continuing a Majority Party Action Committee (CAMPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : 79729D507F75FF2D88B

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Cotton for Congress**

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Thomas Cotton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2013

Transaction ID : 18F3AF9E265B69C9312

Amount of Each Disbursement this Period

3000.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Scott for Congress**

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**David Albert Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : CF28EA567B8D3355BCC

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Davis for Congress/Friends of Davis**

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Danny K. Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : AA7A6C411A885707F59

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Defending and Investing in America's New Endeavors PAC (DIANE PAC)**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

Defending and Investing in America's New Endeavors PAC (DIANE PAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : 2B40FD7F33A4EA43D45

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jeffrey Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : 9ED4F11B6D8F932F348**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 38D9A66AE5B2C226AB4**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

**Transaction ID : 6586C41E6AAA65E80F4**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---



**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doc PAC**

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Doc PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : AF13B3D6B04B899C8AF**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Duckworth for Congress**

Mailing Address PO Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**L. Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2013

**Transaction ID : 18385E84AFC7A2C7CC8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Sean P. Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: WI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 6CE5395CA9240923734**

Amount of Each Disbursement this Period

2000.00

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

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

8000.00



**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : A6E35E33744A509C2FA**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Freedom Matters PAC**

Mailing Address 8410 Hwy 90 A Ste 160

City Sugar Land State TX Zip Code 77478

Purpose of Disbursement  
2013 Contribution

011  
Category/  
Type

Candidate Name

**Freedom Matters PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : CAD008CC337E61D18AB**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : C7979FC83126B5801CB**

Amount of Each Disbursement this Period

4000.00

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

9000.00

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : 12723B0910055D77C9A

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Joseph Heck Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : 43D75165ED2B994D117

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Joseph Heck Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : D930A85BA4C006E0EFB

Amount of Each Disbursement this Period

3000.00
---------

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

9000.00
---------

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

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**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Todd Christopher Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013

**Transaction ID : 6D53C4989EB139F0020**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Todd Christopher Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2013

**Transaction ID : EDD3BF6FB3905DE8989**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Trey Radel**

Mailing Address PO Box 1329

City State Zip Code  
Fort Myers FL 33902

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Henry J. Radel III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : B752C8BBA7C8EC20B5A**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Trey Radel**

Mailing Address PO Box 1329

City State Zip Code  
Fort Myers FL 33902

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Henry J. Radel III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : 4D5122DA97BB34D5850

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Gardner for Congress**

Mailing Address 9227 E. Lincoln Ave., #200-234

City State Zip Code  
Lone Tree CO 80124

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : 9242459B7FA943C8619

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Glacier PAC**

Mailing Address 3242 Cummins Way

City State Zip Code  
Missoula MT 59802

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Glacier PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	3

Transaction ID : 3102253A549D632644D

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gop Generation Y Fund**

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Gop Generation Y Fund**

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : E52DDF4770014691C14**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Graves for Congress**

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**John Thomas Graves**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: GA District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : 68CC9A1710A7244F8E9**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Great Land PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Great Land PAC**

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2013

**Transaction ID : 9C49C3FD65CC4230869**

Amount of Each Disbursement this Period

1500.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 41D8455C49E7C13371A**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Heartdocpac**

Mailing Address PO Box 628

City Evansville State IN Zip Code 47704-0628

Purpose of Disbursement  
2013 Contribution

011  
Category/  
Type

Candidate Name

**Heartdocpac**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 38BB228EDC29CB30AC7**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Jet PAC**

Mailing Address PO Box 2385

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
2013 Contribution

011  
Category/  
Type

Candidate Name

**Jet PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 307859FB25D3034860E**

Amount of Each Disbursement this Period

2500.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**James B. Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : B031EA91AA2FC239D1B

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Kansans for Huelskamp**

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844-0410

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Tim A. Huelskamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2013

Transaction ID : 74F5A2079A3DD6B8DAA

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Kay Granger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

Transaction ID : C4A5234C77628F8730E

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2013

**Transaction ID : 6AA937FB3B5550226FE**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Lobiondo for Congress**

Mailing Address PO Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Frank A. LoBiondo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : D59B7F9969E8E781059**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : AD0DD4CC90B2C097DED**

Amount of Each Disbursement this Period

2500.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Making a Responsible Stand for Households in America (MARSHA PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Mailing Address PO Box 3241

**Transaction ID : 5923140A36DE8AE358B**

City State Zip Code  
Brentwood TN 37024-3241

Amount of Each Disbursement this Period

5,000.00
----------

Purpose of Disbursement  
2013 Contribution

011
Category/ Type

Candidate Name  
Making a Responsible Stand for Households in America (MARSHA PAC)

Office Sought:  House  Senate  President  
Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

Full Name (Last, First, Middle Initial)

**B. Matheson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

Mailing Address PO Box 521048

**Transaction ID : 942142C8A5D11CAA5CB**

City State Zip Code  
Salt Lake City UT 84152-1048

Amount of Each Disbursement this Period

2,000.00
----------

Purpose of Disbursement  
2014 General

011
Category/ Type

Candidate Name  
**James David Matheson**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

Full Name (Last, First, Middle Initial)

**C. Matheson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

Mailing Address PO Box 521048

**Transaction ID : CE2AA999555B26CDDD5**

City State Zip Code  
Salt Lake City UT 84152-1048

Amount of Each Disbursement this Period

3,000.00
----------

Purpose of Disbursement  
2014 General

011
Category/ Type

Candidate Name  
**James David Matheson**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: UT District: 04

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

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

10000.00
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**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. McHenry for Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : B28C0571C94BA14C437

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : 6F99324FC6F413F0A4F

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. McKinley for Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David B. McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : EA2E9A1EBDBE1EA90C2

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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# 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 Political Action Committee

Full Name (Last, First, Middle Initial)

### A. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

David B. McKinley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : E942062FAC280529493

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

### B. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

Michael Clifton Burgess

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2013

Transaction ID : 629928A4DBD01EC1EE5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

G. Mike J. Kelly

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : 0655FBFF2EE1BF3BD3A

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

**Transaction ID : 60FF9F0468377416B4E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. New PAC**

Mailing Address PO Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**New PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 25EDDCBE60E910A4AB6**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**New Pioneers PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 28BE6432A899D4DFF2A**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

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

6	5	0	0	0	0	0	0	0	0

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

6	5	0	0	0	0	0	0	0	0

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Olson for Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Peter Graham Olson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 5022D2262A100AF458D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Olson for Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Peter Graham Olson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 93E41C6855D34E202BB**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Orrinpac**

Mailing Address PO Box 3986

City State Zip Code  
Washington DC 20027

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Orrinpac**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : E8EBCC93590E0BE886F**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : 2BFF0952BAF6C0C8025**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Paul Gosar for Congress**

Mailing Address PO Box 2967

City State Zip Code  
Prescott AZ 86302

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Paul R. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : D1BBF7D505DC329DE42**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
PO Box 221

City State Zip Code  
Albany NY 12206

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Paul D. Tonko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : E1F61BAA0AF83BBC0DA**

Amount of Each Disbursement this Period

1000.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Peter Anderson Sessions**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : 0318F386F4DB7936372**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Peter Anderson Sessions**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 44199ACC1E462CCFBD9**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Re-Elect Tim Griffin for Congress Committee**

Mailing Address PO Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**John Timothy Griffin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : EB9EB85E915CE07AA2E**

Amount of Each Disbursement this Period

3000.00

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

7000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Mailing Address PO Box 1011

**Transaction ID : C330305C9A982D823A4**

City State Zip Code  
Wheaton IL 60187

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
2013 Contribution

0	1	1
---	---	---

Category/  
Type

Candidate Name

Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Mailing Address PO Box 344

**Transaction ID : 9A6A40541D9C05FEF5F**

City State Zip Code  
Taylorville IL 62568-0344

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
2014 Primary

0	1	1
---	---	---

Category/  
Type

Candidate Name

Rodney L. Davis

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: IL District: 13

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Mailing Address PO Box 344

**Transaction ID : 70B91847CF01C5A23C2**

City State Zip Code  
Taylorville IL 62568-0344

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
2014 Primary

0	1	1
---	---	---

Category/  
Type

Candidate Name

Rodney L. Davis

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: IL District: 13

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

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

1	0	0	0	0	0	0	0	0	0
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**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rogers for Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116-0581

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Mike J. Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	3

Transaction ID : DF4046C8A802E1DF747

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Peter J. Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	3

Transaction ID : 18817EB70B8EC6C1D1A

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Peter J. Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : 2F4D8678F752E4E0116

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Keith J. Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : A979DEB9ABE8D3C9E85**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 05C8B8566212B90D65C**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Stephen J. Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 17B9F7F0438BDB846BF**

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

Transaction ID : **BB4D138285D01203B73**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Southerland for Congress**

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**William Steve Southerland II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: FL District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

Transaction ID : **E1EF73A7225E870235E**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Stephen Lee Fincher**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: TN District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : **86868ED8C1A8D87656C**

Amount of Each Disbursement this Period

2500.00

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

9000.00

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : 6FFF1F71C70CFC402F3

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. The Bill Keating Committee**

Mailing Address PO Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**William Richard Keating**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2013

Transaction ID : CE95A72D55336EED9E0

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Patrick J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : 0A9C127CA30D87805FE

Amount of Each Disbursement this Period

4000.00

**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)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Timothy F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : A5AEB9BEFBF17995554**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 450

City Victor State NY Zip Code 14564-0450

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Thomas W. Reed II.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : 875FE18EB1DFF491E94**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 3F839DBC3843DBA1C3F**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Valadao for Congress**

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**David G. Valadao**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : 12B77AA8165F0F107EE

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Valadao for Congress**

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**David G. Valadao**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

Transaction ID : EE941F46C789FE061C0

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Vernon Buchanan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	3

Transaction ID : 06C7551AA6D14868FF1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Victory Now PAC**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Victory Now PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 9F44B4022A22F27AFCA**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 19EF5356B27F8753182**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2013

**Transaction ID : 561BFE790F555F66A9A**

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gregory P. Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : E0EF8EBE200180BDEE7

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Walorski for Congress Inc**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Jacqueline Walorski**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

Transaction ID : 2941CF2FD232F2D4967

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

4000.00

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

232500.00