

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 01 31 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		331338.52
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	328206.39									
(c) Total Receipts (from Line 19)	63472.09	704935.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	391678.48	1036274.00								
7. Total Disbursements (from Line 31)	26153.71	670749.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365524.77	365524.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	5778.54	585925.80
(i) Itemized (use Schedule A)	3606.00	100250.70
(ii) Unitemized	61384.54	686176.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61384.54	686176.50
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.)	2087.55	18758.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63472.09	704935.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63472.09	704935.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	641100.00
24. Independent Expenditure (use Schedule E)	0.00	5139.58
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	6600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	6600.00
29. Other Disbursements.....	3653.71	16136.65
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26153.71	670749.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26153.71	670749.23

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61384.54	686176.50
34. Total Contribution Refunds (from Line 28(d))	0.00	6600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61384.54	679576.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1773.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Mark Benjamin

Mailing Address 108 Harbor View Ln

City State Zip Code
Belleair Bluffs FL 33770-2605

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17851760

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Barbara Bourland

Mailing Address 115 Edgewater Dr

City State Zip Code
Dunedin FL 34698-7531

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17851762

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Frederick Carolan

Mailing Address 1644 Santa Barbara Dr

City State Zip Code
Dunedin FL 34698-4211

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

Name of Employer
Radiology Assoc. of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17851973

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Robert Entel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 521 Mandalay Ave Apt 902		Transaction ID: 17851974	
City State Zip Code Clearwater Beach FL 33767-1795	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. DR John Fisher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 310 Palmetto Rd		Transaction ID: 17851975	
City State Zip Code Belleair FL 33756-1432	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. DR Gordon Goodman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 2149 Laurence Dr		Transaction ID: 17851976	
City State Zip Code Clearwater FL 33764-6467	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR William Halleran, III

Mailing Address 103 Oakwood Dr

City State Zip Code
Largo FL 33770-4056

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17851977

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Lowell Heinke

Mailing Address 1008 Lake Ridge Dr

City State Zip Code
Safety Harbor FL 34695-5619

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17851999

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Robert Howard, II

Mailing Address 109 Live Oak Ln

City State Zip Code
Largo FL 33770-2657

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852000

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Barry Kraus		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1654 Sheffield Dr		Transaction ID: 17852001
City State Zip Code Clearwater FL 33764-6544	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Assoc. of Clearwater	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR Daniel Krop		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 2445 Kent Pl		Transaction ID: 17852002
City State Zip Code Clearwater FL 33764-7528	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Mark Licht		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 12805 Harborwood Dr		Transaction ID: 17852003
City State Zip Code Largo FL 33774-2019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Assoc. of Clearwater	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Rhonda McDowell

Mailing Address 2100 Laurence Dr

City State Zip Code
Clearwater FL 33764-6466

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

Name of Employer
Radiology Assoc of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852014

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Anil Patel

Mailing Address 4899 Juniper Dr

City State Zip Code
Palm Harbor FL 34685-2691

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Divyang Patel

Mailing Address 207 Crestwood Ln

City State Zip Code
Largo FL 33770-4607

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

Name of Employer
Radiology Associates of Clearwater

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852016

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 87
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Upen Patel

Mailing Address 3006 Ashland Ter

City State Zip Code
Clearwater FL 33761-2001

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

Name of Employer
Radiology Assoc. of Clearwater
Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852017

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Jonathan Squires

Mailing Address 207 Driftwood Ln

City State Zip Code
Largo FL 33770-2654

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

Name of Employer
Radiology Assoc. of Clearwater
Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852018

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR George Stern

Mailing Address 2217 Kent Pl

City State Zip Code
Clearwater FL 33764-6624

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

Name of Employer
Radiology Associates of Clearwater
Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17852024

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) DR Alex Weiss Mailing Address 2173 Laurence Dr City State Zip Code Clearwater FL 33764-6467 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: 17852025 Amount of Each Receipt this Period 250.00
Name of Employer: Radiology Assoc. of Clearwater Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) DR Mitchell M. Weiss Mailing Address 1322 Golfview Dr City State Zip Code Belleair FL 33756-1538 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: 17852026 Amount of Each Receipt this Period 250.00
Name of Employer: Radiology Associates of Clearwater Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) DR John Rogers Mailing Address 802 West Gap Creek Road City State Zip Code Greer SC 29651-5065 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 17865036 Amount of Each Receipt this Period 42.00
Name of Employer: Greenville Radiology Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional)	542.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Diana Baker

Mailing Address 335 Ambar Way

City State Zip Code
Menlo Park CA 94025-5801

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

Name of Employer California Advanced Imaging Medical As
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 Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869960

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
DR Kelly Broderick

Mailing Address 2840 Mariposa Dr

City State Zip Code
Burlingame CA 94010-5735

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

Name of Employer California Advanced Imaging, M.A.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869962

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DR William James DeMartini

Mailing Address 126 Terrace Ave

City State Zip Code
Kentfield CA 94904-1531

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

Name of Employer California Advanced Imaging Medical As
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 Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869972

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 87
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Michael Hollett

Mailing Address 817 Lathrop Dr

City State Zip Code
Stanford CA 94305-1054

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

Name of Employer California Advanced Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17869975

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
DR Brian Johnson

Mailing Address 850 Chiltern Rd

City State Zip Code
Hillsborough CA 94010-7028

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17869976

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DR Gregory Lim

Mailing Address 1552 Los Montes Dr

City State Zip Code
Burlingame CA 94010-5964

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17869979

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR David Marcus

Mailing Address 503 Georgetown Ave

City State Zip Code
San Mateo CA 94402-2253

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

Name of Employer California Advanced Imaging
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 Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869981

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
DR Adam Nevitt

Mailing Address 22 Balclutha Dr

City State Zip Code
Corte Madera CA 94925-1944

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

Name of Employer California Advanced Imaging
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 Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869989

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DR Dennis Orwig

Mailing Address 25 Wolfe Glen Way

City State Zip Code
Kentfield CA 94904-1004

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

Name of Employer California Advanced Imaging
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 Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 17869990

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Allen Oshita		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address California Pacific Medical Ctr PO Box 7999		Transaction ID: 17869991	
City State Zip Code San Francisco CA 94120-7999	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DR Damon Sacco		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 105 Santa Rosa Ave		Transaction ID: 17869996	
City State Zip Code Sausalito CA 94965-2049	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DR John Schrupf		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 61 Chanticleer St		Transaction ID: 17869998	
City State Zip Code Larkspur CA 94939-1515	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR William Stephenson

Mailing Address 815 Vista Rd

City Hillsborough State CA Zip Code 94010-6965

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17869999

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
DR Susan Stevens

Mailing Address 1040 Bridle Way

City Hillsborough State CA Zip Code 94010-7406

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

Name of Employer Cal Advanced Imaging Med. Assoc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17870000

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DR Richard Wheat

Mailing Address Sequoia Hospital
170 Alameda De Las Pulgas

City Redwood City State CA Zip Code 94062-2799

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

Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 17870009

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR John Wilson, JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 15 Arcadia Pl		Transaction ID: 17870010	
City Hillsborough	State CA	Zip Code 94010-7010	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DR Christopher Yoo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 180 Manchester St		Transaction ID: 17870011	
City San Francisco	State CA	Zip Code 94110-5217	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. DR William Glucksman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 50 Colony Rd		Transaction ID: 17904824	
City West Hartford	State CT	Zip Code 06117-2214	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bert Lennington		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 738 Byars Road		Transaction ID: 18020477
City State Zip Code Macon GA 31210-7405	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DR Daniel Schwartzberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 1250 McLynn Ave NE		Transaction ID: 18020479
City State Zip Code Atlanta GA 30306-2530	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Baptist Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. DR John Agola		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 18021234
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologis- ts, I	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1042.86	

SUBTOTAL of Receipts This Page (optional) ▶	640.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Cara Bonawitz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 105 Shoal Quay		Transaction ID: 18021236	
City State Zip Code Chesapeake VA 23320-2019		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1042.86	

Full Name (Last, First, Middle Initial) B. DR Jeffrey Crass		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 917 Bobolink Dr		Transaction ID: 18021238	
City State Zip Code Virginia Beach VA 23451-4944		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1042.86	

Full Name (Last, First, Middle Initial) C. DR Kirstin Fiona Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1005 Caton Dr		Transaction ID: 18021240	
City State Zip Code Virginia Beach VA 23454-3162		Amount of Each Receipt this Period 70.83	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 893.42	

SUBTOTAL of Receipts This Page (optional) ▶	270.83
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Haywood Davis, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 10 Ambassador Dr		Transaction ID: 18021243	
City State Zip Code Hampton VA 23666-6021		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1042.86	

Full Name (Last, First, Middle Initial) B. DR John Donnal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 18021311	
City State Zip Code Norfolk VA 23502-4008		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 1042.86	

Full Name (Last, First, Middle Initial) C. DR Theodore Dorsay		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1500 Chandon Cres		Transaction ID: 18021312	
City State Zip Code Virginia Beach VA 23454-1367		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1042.86	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1042.86

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18021313

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR Yan Gao

Mailing Address 1521 Mirassou Ln

City Virginia Beach State VA Zip Code 23454-1373

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 ▼ 1042.86

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18021314

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Susanne Grasso

Mailing Address Med Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City Norfolk State VA Zip Code 23502-4008

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 ▼ 1042.86

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18021315

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Michael Ho		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 18021331
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1042.86	

Full Name (Last, First, Middle Initial) B. DR Lester Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 1021 Downshire Chase		Transaction ID: 18021333
City Virginia Beach State VA Zip Code 23452-6154	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1042.86	

Full Name (Last, First, Middle Initial) C. DR Yoonah Kim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 917 Kings Cross		Transaction ID: 18021334
City Virginia Beach State VA Zip Code 23452-6230	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1038.06	

SUBTOTAL of Receipts This Page (optional) ▶	283.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Patsy Loiacono		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 903A Yorkville Rd		Transaction ID: 18021336	
City State Zip Code Yorktown VA 23692-3508		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. DR Susan McKenzie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 18021337	
City State Zip Code Norfolk VA 23502-4008		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 900.00	

Full Name (Last, First, Middle Initial) C. DR Chan Nguyen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 18021378	
City State Zip Code Norfolk VA 23502-4008		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 1042.86	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Hans Sachse		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 4200 Faigle Rd		Transaction ID: 18021379
City Portsmouth	State VA	Zip Code 23703-4811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. DR Sarah Shaves		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		Transaction ID: 18021380
City Norfolk	State VA	Zip Code 23502-4008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.29	

Full Name (Last, First, Middle Initial) C. DR Lamar Smith		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		Transaction ID: 18021381
City Norfolk	State VA	Zip Code 23502-4008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1042.86	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 87
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Adam Specht

Mailing Address 3309 Chappell PI

City State Zip Code
Virginia Beach VA 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 ▼
900.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021382

Amount of Each Receipt this Period
70.83

B. Full Name (Last, First, Middle Initial)
DR Richard Thomas

Mailing Address 1037 Long Beeches Ave

City State Zip Code
Chesapeake VA 23320-0681

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 ▼
1042.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021383

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Harlan Vingan

Mailing Address Medical Center Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4101

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 ▼
1042.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021384

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	270.83
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 87
(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

A. Full Name (Last, First, Middle Initial)
DR Marshall Weissberger

Mailing Address **Medical Center Radiologists**
6330 N Center Dr Bldg 13 Ste 220

City **Norfolk** State **VA** Zip Code **23502-4101**

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 ▼ **1042.86**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 07 / 2006

Transaction ID: 18021385

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR John Whitbeck

Mailing Address **Medical Cntr Rads Inc Bldg 13**
6330 N Center Dr Ste 220

City **Norfolk** State **VA** Zip Code **23502-4008**

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

Name of Employer **Medical Center Radiologists, I** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1096.43**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 07 / 2006

Transaction ID: 18021386

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Robert Woolfitt

Mailing Address **6330 N Center Dr Bldg 13 Ste 220**

City **Norfolk** State **VA** Zip Code **23502-4008**

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

Name of Employer **Medical Center Radiologists, I** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1042.86**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 07 / 2006

Transaction ID: 18021387

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Kathy Byun		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Medical Center Radiologists Inc 6330 N Center Dr Ste 220 Bldg 13		Transaction ID: 18021388	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer New England Medical Center	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DR John Campbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1416 Watersedge Dr		Transaction ID: 18021389	
City Virginia Beach	State VA	Zip Code 23452-6222	Amount of Each Receipt this Period 66.67
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.37		

Full Name (Last, First, Middle Initial) C. DR Donald La Vay		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 109 George Sandys		Transaction ID: 18021390	
City Williamsburg	State VA	Zip Code 23185-8938	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70		

SUBTOTAL of Receipts This Page (optional) ▶	158.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ 779.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021391

Amount of Each Receipt this Period
70.83

B. Full Name (Last, First, Middle Initial)
DR Kenneth Mendelson

Mailing Address 703 Westover Ave

City Norfolk State VA Zip Code 23507-1622

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

Name of Employer Children's Hospital of the King's Daug Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021392

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Eveleen Oleinik

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 ▼ 332.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021394

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	345.83
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Kip Kang-L Park

Mailing Address 2044 Thomas Bishop Ln

City State Zip Code
Virginia Beach VA 23454-1130

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 ▼
847.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021395

Amount of Each Receipt this Period
66.67

B. Full Name (Last, First, Middle Initial)
DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code
Virginia Beach VA 23462-7492

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 ▼
733.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021396

Amount of Each Receipt this Period
66.67

C. Full Name (Last, First, Middle Initial)
DR Desencia Thomas

Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code
Chesapeake VA 23320-1743

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 ▼
813.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021397

Amount of Each Receipt this Period
66.67

SUBTOTAL of Receipts This Page (optional)	▶	200.01
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR William Jones

Mailing Address 8663 E Tuckey Ln

City State Zip Code
Scottsdale AZ 85250-4939

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021398

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Mark Kuo

Mailing Address 13026 E Turquoise Ave

City State Zip Code
Scottsdale AZ 85259-5341

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021402

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR William Horsley

Mailing Address Scottsdale Medical Imaging Ltd
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Scottsdale Medical Imaging 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 Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021403

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 87
(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

A. Full Name (Last, First, Middle Initial)
DR Rodney Owen

Mailing Address 9122 N 60th St

City State Zip Code
Paradise Valley AZ 85253-1735

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021404

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Mark Keiper

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18021413

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Richard Baker, JR

Mailing Address 3409 Circle Close

City State Zip Code
Madison WI 53705-1409

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

Name of Employer Madison Radiologists, S.c. Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 18024633

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 87
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Steve Rando

Mailing Address PO Box 4808

City Macon State GA Zip Code 31208-4808

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18024634

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR Carol Collings

Mailing Address 9584 Estes Rd

City Macon State GA Zip Code 31220-5611

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18024635

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR Michael Zinsmeister

Mailing Address 455 Wesleyan Dr

City Macon State GA Zip Code 31210-4134

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18024636

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Mark Grossnickle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 167 Lake View Dr N		Transaction ID: 18024637	
City State Zip Code Macon GA 31210-8642	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon, P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DR Thomas Glass, III		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 106 Howard Oaks Dr		Transaction ID: 18024729	
City State Zip Code Macon GA 31210-7300	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon, P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. DR Charles Girard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address Radiology Consultants of Tulsa PO Box 4975		Transaction ID: 18068144	
City State Zip Code Tulsa OK 74159-0975	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Tulsa	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Brian Murphy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 81 Mathewson Rd		Transaction ID: 18068145	
City State Zip Code Barrington RI 02806-4429	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rhode Island Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DR Mark Keenan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 111 Ashford Park		Transaction ID: 18068146	
City State Zip Code Macon GA 31210-8010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. DR Lee Hall		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 3160 Vista Circle		Transaction ID: 18068147	
City State Zip Code Macon GA 31204-1960	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Ericha Benschoff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 5827 Rivoli Drive		Transaction ID: 18068148	
City State Zip Code Macon GA 31210-1449	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DR L Daniel Strawn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 119 Powers Plantation Ct		Transaction ID: 18068149	
City State Zip Code Macon GA 31220-8702	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. DR Robert Paley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 2840 McGill Terr NW		Transaction ID: 18068154	
City State Zip Code Washington DC 20008-2748	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Drs. Groover, Christie and Merritt	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Robert Berger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 16 Coppervail Ct		Transaction ID: 18068156
City Princeton	State NJ	Zip Code 08540-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian Chon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 3 Newport Drive		Transaction ID: 18068157
City Princeton Junction	State NJ	Zip Code 08550-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Princeton Radiology Associates	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. DR Gerard Compito		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 25 Durham Rd		Transaction ID: 18068158
City Skillman	State NJ	Zip Code 08558-1806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Donald Denny, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 76 Stetson Way		Transaction ID: 18068159	
City State Zip Code Princeton NJ 08540-7310	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. DR Julia De Sanctis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 8 Titus Rd		Transaction ID: 18068162	
City State Zip Code Skillman NJ 08558-1652	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. DR Matthew C. Difazio		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 30 Titus Rd		Transaction ID: 18068163	
City State Zip Code Skillman NJ 08558-1652	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 87						
	(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

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

A. Full Name (Last, First, Middle Initial) DR Deborah Fein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 4 Arvida Dr		Transaction ID: 18068164	
City State Zip Code Pennington NJ 08534-2105		Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

B. Full Name (Last, First, Middle Initial) DR John Ghazi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 31 Hessian Rd		Transaction ID: 18068165	
City State Zip Code Belle Mead NJ 08502-5918		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) DR William M. Green		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 641 Lake Dr		Transaction ID: 18068166	
City State Zip Code Princeton NJ 08540-5634		Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton Radiology Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	2450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Gwen Guglielmi

Mailing Address 65 Maybury Hill Rd

City State Zip Code
Princeton NJ 08540-3617

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068168

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR Charles Howard

Mailing Address 256 Bridgepoint Rd

City State Zip Code
Belle Mead NJ 08502-5807

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

Name of Employer Princeton Radiologist Assoc
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068169

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR Timothy Howard

Mailing Address 42 Richmond Dr

City State Zip Code
Skillman NJ 08558-1817

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068170

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Gregory Kaufmann

Mailing Address 61 Ridgeview Dr

City State Zip Code
Belle Mead NJ 08502-5515

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068171

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR Jonathan Lebowitz

Mailing Address 41 Stonewall Cr

City State Zip Code
Princeton NJ 08540-2949

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068172

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR Bernard O'Malley

Mailing Address Princeton Radiology Associates
419 N Harrison St

City State Zip Code
Princeton NJ 08540-3594

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068173

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR William Andrew Parker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 32 Finley Rd		Transaction ID: 18068174
City State Zip Code Princeton NJ 08540-7503	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. DR Barry Perlman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address Princeton Radiology Assoc 3674 State Route 27 Ste W		Transaction ID: 18068175
City State Zip Code Kendall Park NJ 08824-1002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Princeton Radiology Assoc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. DR Eric Perlman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 185 Dodds Ln		Transaction ID: 18068176
City State Zip Code Princeton NJ 08540-4105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Rik Sen

Mailing Address 43 Scenic Hills Ct

City Belle Mead State NJ Zip Code 08502-5137

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068177

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
DR Edward Soffen

Mailing Address Medical Center at Princeton
253 Witherspoon St

City Princeton State NJ Zip Code 08540-3211

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

Name of Employer Princeton Radiology Associates
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068183

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR David Youmans

Mailing Address 15 Bronson Way

City Skillman State NJ Zip Code 08558-1657

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

Name of Employer Princeton Medical Center
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068184

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 253 Witherspoon Street

City State Zip Code
Princeton NJ 08540-3211

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068185

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3674 Rt 27 Ste D

City State Zip Code
Kendall Park NJ 08824

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068186

Amount of Each Receipt this Period
700.00

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

Mailing Address 253 Witherspoon St

City State Zip Code
Princeton NJ 08540-3211

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

Name of Employer Princeton Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18068187

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew S. Greenberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 253 Witherspoon St		Transaction ID: 18068196
City State Zip Code Princeton NJ 08540-3211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Kerstin A. Slawek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 253 Witherspoon St.		Transaction ID: 18068197
City State Zip Code Princeton NJ 08540-3211	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Princeton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. DR Murray Relf		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 770 Pine St Ste 250		Transaction ID: 18068202
City State Zip Code Macon GA 31201-7510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Mark Barrow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 770 Saint Andrews Drive		Transaction ID: 18068203	
City State Zip Code Macon GA 31210-4769	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) DR Charles Kellum		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address PO Box 13187		Transaction ID: 18068204	
City State Zip Code Macon GA 31208-3187	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Macon	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) DR Richard Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 2236 Oakleigh Dr		Transaction ID: 18068205	
City State Zip Code Murfreesboro TN 37129-0857	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Murfreesboro Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DR Jennifer Kottra Mailing Address 1820 W Stevanna Way City State Zip Code Flagstaff AZ 86001-1159 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 18068206 Amount of Each Receipt this Period 250.00
Name of Employer Northern Arizona Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) DR Paul Lampert Mailing Address 6421 E Telegraph St City State Zip Code Yuma AZ 85365-1121 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 18068207 Amount of Each Receipt this Period 1000.00
Name of Employer MDIG Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) DR Sidney Roberts Mailing Address Arthur Temple Cancer Center 1201 W Frank Ave City State Zip Code Lufkin TX 75904-3357 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: 18215952 Amount of Each Receipt this Period 365.00
Name of Employer Angelina Diag Rad Assoc Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00		

SUBTOTAL of Receipts This Page (optional)	1615.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DR Bruce Bordlee		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1301 W Dumbarton Dr		Transaction ID: 18215953
City State Zip Code Lake Charles LA 70605-2558	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Southwest LA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) DR Bernard Landry		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3767 Hyacinth Ave		Transaction ID: 18215955
City State Zip Code Baton Rouge LA 70808-2935	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) DR Timothy Nichols		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 6903 Maple Creek Ln		Transaction ID: 18215956
City State Zip Code Dallas TX 75252-2738	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Timothy D. Nichols, M.D., P.A.	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Daniel Boyle

Mailing Address 318 Winrow Dr

City State Zip Code
Jamestown NC 27282-8434

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

Name of Employer High Point Radiological Services
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18215961

Amount of Each Receipt this Period
250.00

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

Mailing Address 2815 Bardamar Dr

City State Zip Code
Fort Gratiot MI 48059-3505

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

Name of Employer X-Ray Associates of Port Huron, P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18215979

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR James Corwin

Mailing Address 4516 Robin Lane

City State Zip Code
Midland TX 79707-2219

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

Name of Employer Texas Oncology
Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18215981

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Kishan Yalavarthi

Mailing Address 1318 Arbor Bluff Cir

City State Zip Code
Ballwin MO 63021-3703

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

Name of Employer
Diagnostic Imaging Associates

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 18215982

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR Edward Fogarty

Mailing Address 800 Munich Dr

City State Zip Code
Bismarck ND 58504-7050

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

Name of Employer
Medcenter One Hospital

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 18215983

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR Ryan Majoria

Mailing Address 13764 Lexham Gardens Dr

City State Zip Code
Baton Rouge LA 70810-3574

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

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18232933

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DR John Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 905 Western Ave		Transaction ID: 18232935	
City State Zip Code Hammond LA 70401-1744	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) DR James Chapman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9218 W 113th St		Transaction ID: 18232936	
City State Zip Code Overland Park KS 66210-1731	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) DR Roy Moss		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2710 Jeremy Ct Apt C		Transaction ID: 18232937	
City State Zip Code Baltimore MD 21209-3018	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Michael Schiering		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address Radiology Associates 1673 Mason Ave Ste 305		Transaction ID: 18232947	
City State Zip Code Daytona Beach FL 32117-5516	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Daytona Beach	Occupation Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. DR Daniel Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 745 Glenridge Ave		Transaction ID: 18232948	
City State Zip Code Clayton MO 63105-2832	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Washington University	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. DR E Michael Donner, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address PO Box 9090		Transaction ID: 18232949	
City State Zip Code Mandeville LA 70470-9090	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northshore Imaging Assoc, LLC	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Maurice Yoskin

Mailing Address PO Box 78

City State Zip Code
Eastlake Weir FL 32133-0078

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

Name of Employer Occupation
Lake Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18232951

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR Barbara Robins

Mailing Address 244 Derwen Rd

City State Zip Code
Merion Station PA 19066-1229

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

Name of Employer Occupation
FCMC Radiology Associates Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18232958

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR David Koch

Mailing Address 110 N Fork Rd

City State Zip Code
Keystone CO 80435-7602

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18232959

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Mark D. Jacobson

Mailing Address 922 Shore Acres Dr

City State Zip Code
Leesburg FL 34748-9269

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

Name of Employer Occupation
Lake Medical Imaging Interventional Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18232962

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR Balasundaram Sekar

Mailing Address Radiology Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Occupation
Radiology Assoc of Birmingham Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 18239861

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
DR Isaac Kirk, III

Mailing Address 2211 Sheridan St

City State Zip Code
Houston TX 77030-2015

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

Name of Employer Occupation
St. Joseph Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 18239862

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Mark Yuhasz

Mailing Address 3203 Horsehead Bay Dr NW

City State Zip Code
Gig Harbor WA 98335-5854

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

Name of Employer Occupation
Tacoma Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 18239863

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Michael Soehnen

Mailing Address Radiology Associates of Canton
2600 6th St SW

City State Zip Code
Canton OH 44710-1702

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

Name of Employer Occupation
Radiology Associates of Canton Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18239964

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Richard Rossin

Mailing Address 11178 Montaubon Way

City State Zip Code
San Diego CA 92131-3678

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

Name of Employer Occupation
PVRMG Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18239965

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Mark Chen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 4521 Campus Dr PMB 190		Transaction ID: 18239966
City State Zip Code Irvine CA 92612-2621	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of California SF	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. DR Thomas Poulton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address Aultman Hospital 2600 6th St SW		Transaction ID: 18239967
City State Zip Code Canton OH 44710-1799	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. DR Irena Tocino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 24 Wakefield Rd		Transaction ID: 18240304
City State Zip Code Branford CT 06405-5033	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Yale University School of Med	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Todd Smith

Mailing Address 18 Masters Cir

City State Zip Code
Little Rock AR 72212-3304

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

Name of Employer Occupation
Univ of North Carolina Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240305

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Kevin Quinn

Mailing Address 69 McAfee Farm Rd

City State Zip Code
Bedford NH 03110-4655

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

Name of Employer Occupation
SNHRC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240307

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Murray Becker

Mailing Address 56 Independence Dr

City State Zip Code
East Brunswick NJ 08816-3286

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

Name of Employer Occupation
Columbia-Presbyterian Med Ctr 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 Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240402

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	530.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 87
	(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

A. Full Name (Last, First, Middle Initial)
DR William Ketcham, II

Mailing Address 10009 Knowlwood Rd

City State Zip Code
Cheyenne WY 82009-8362

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

Name of Employer Occupation
Baylor College of Medicine Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240403

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Anna Chacko

Mailing Address 9 Fieldstone Dr

City State Zip Code
Winchester MA 01890-3257

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

Name of Employer Occupation
Lahey Clinic Med Ctr Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240404

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DR Rajiv Sharma

Mailing Address Charlotte Radiology
1701 East Blvd

City State Zip Code
Charlotte NC 28203-5823

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240405

Amount of Each Receipt this Period
42.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 5624 Laurium Rd		Transaction ID: 18240406
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) B. DR David Marcantonio		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address William Beaumont Hosp 3601 W 13 Mile Rd		Transaction ID: 18240408
City State Zip Code Royal Oak MI 48073-6769	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Georgia West Imaging Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. DR Stephen Agatston		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3206 Saint Johns Dr		Transaction ID: 18240410
City State Zip Code Dallas TX 75205-2919	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-employed Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	195.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Kent Lancaster

Mailing Address Radiology Associates of Berrien
777 Riverview Dr Ste D208

City Benton Harbor State MI Zip Code 49022-5033

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

Name of Employer Radiology Associates of Berrie Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240411

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City La Crosse State WI Zip Code 54601-5494

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 / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240412

Amount of Each Receipt this Period
41.67

C. Full Name (Last, First, Middle Initial)
DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Rad Assoc of Birmingham PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240413

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	183.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240414

Amount of Each Receipt this Period
40.00

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

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

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

Name of Employer Radiology Affiliates of Central NJ Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240415

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code
Greenville NC 27834-0508

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240416

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City Greenville State NC Zip Code 27834-2801

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240417

Amount of Each Receipt this Period
 40.00

B. Full Name (Last, First, Middle Initial)
DR 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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240419

Amount of Each Receipt this Period
 40.00

C. Full Name (Last, First, Middle Initial)
DR Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City Greenville State NC Zip Code 27858-9612

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240420

Amount of Each Receipt this Period
 40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Roger Vithalani Mailing Address 516 Chesapeake PI City Greenville State NC Zip Code 27858-0678 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 18240421 Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

B. Full Name (Last, First, Middle Initial) DR Raja Cheruvu Mailing Address 165 Via Foresta Ln City Williamsville State NY Zip Code 14221-1984 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 18240422 Amount of Each Receipt this Period 50.00
Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) DR Jeffrey Mewborne Mailing Address 1702 S Thames Ct City Greenville State NC Zip Code 27858-8130 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 18240423 Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Randall Stickney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 10620 S 77th East Ave		Transaction ID: 18240425
City State Zip Code Tulsa OK 74133-6837	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oklahoma State Rad Society	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DR James Eisenberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address The Defiance Clinic 1400 E 2nd St		Transaction ID: 18240426
City State Zip Code Defiance OH 43512-2494	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Defiance Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DR Ira Adler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1811 Bloomsbury Rd		Transaction ID: 18240427
City State Zip Code Greenville NC 27858-9617	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Kenneth Wolfson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1804 Bardstown Rd		Transaction ID: 18240428	
City State Zip Code Charlotte NC 28226-0921	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UCLA Medical Ctr	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. DR H E. Longmaid, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 52 Harwich Rd		Transaction ID: 18240429	
City State Zip Code Chestnut Hill MA 02467-3023	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Deaconess Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

Full Name (Last, First, Middle Initial) C. DR Eric Sax		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9 Old Sudbury Rd		Transaction ID: 18240504	
City State Zip Code Lincoln MA 01773-4807	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer The Imaging Institute	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.72		

SUBTOTAL of Receipts This Page (optional) ▶	165.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

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

Name of Employer Cleveland Clinic Foundation Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240505

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Jorge Albin

Mailing Address 645 Mulberry Ln

City Bellaire State TX Zip Code 77401-3803

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

Name of Employer St Joseph Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240506

Amount of Each Receipt this Period
41.67

C. Full Name (Last, First, Middle Initial)
DR Edward Black

Mailing Address Charlotte Radiology PA
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240507

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)	▶	123.67
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Joseph Lurito		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 18240508	
City State Zip Code Greenville NC 27834-2801		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. DR Demetrius Morros		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1045 Lake Colony Ln		Transaction ID: 18240509	
City State Zip Code Birmingham AL 35242-7402		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C			
Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 958.38	

Full Name (Last, First, Middle Initial) C. DR Steven Leibel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 19 Woodleaf Ave		Transaction ID: 18240510	
City State Zip Code Redwood City CA 94061-1823		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Stanford University Occupation Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR John D. Howard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 18240511
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. DR Rita Freimanis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd		Transaction ID: 18240512
City State Zip Code Winston Salem NC 27157-1088	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Forest Univ Sch of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DR Edward Kouri		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 4030 Beresford Rd		Transaction ID: 18240513
City State Zip Code Charlotte NC 28211-3808	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional) ▶	107.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code
Charlotte NC 28277-3033

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240514

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
Charlotte NC 28277-2593

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240515

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

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

Name of Employer Occupation
Jersey Shore Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240516

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	122.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Joel Swartz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1210 Page Ter		Transaction ID: 18240517
City Villanova State PA Zip Code 19085-2132	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. DR Michael Brannon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 7 Foxglove Ct		Transaction ID: 18240698
City Greenville State SC Zip Code 29615-5505	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) C. DR Edward Sullivan, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400		Transaction ID: 18240699
City Birmingham State AL Zip Code 35216-2153	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Associates of Alabama Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	122.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
Greenville NC 27834-0507

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240700

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR William Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240701

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
DR Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240702

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Carl Eisenberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 18240703
City Charlotte State NC Zip Code 28236-6937	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DR Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3493 Siems Ct		Transaction ID: 18240704
City Arden Hills State MN Zip Code 55112-3639	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Paul Radiology, P.A. Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DR Kerry Chandler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 4100 Mullcroft PI		Transaction ID: 18240705
City Fuquay Varina State NC Zip Code 27526-8658	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Radiology Consultants Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7109 Cove Pointe PI

City Prospect State KY Zip Code 40059-9680

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240706

Amount of Each Receipt this Period
 40.00

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

Mailing Address 14 Timber Dr

City North Caldwell State NJ Zip Code 07006-4406

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

Name of Employer: Self-employed
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240707

Amount of Each Receipt this Period
 40.00

C. Full Name (Last, First, Middle Initial)
DR Robert Newman

Mailing Address 913 Southview PI NE

City Lenoir State NC Zip Code 28645-3755

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

Name of Employer: Lenoir Radiology
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240708

Amount of Each Receipt this Period
 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Mary Pomeroy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 18240709	
City State Zip Code Monroe NC 28110-8408	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

Full Name (Last, First, Middle Initial) B. DR Richard Redvanly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4315 Gosford Pl		Transaction ID: 18240710	
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. DR Ross Bellavia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6730 Seton House Ln		Transaction ID: 18240711	
City State Zip Code Charlotte NC 28277-4519	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional) ▶	122.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code
Newport Beach CA 92660-4804

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

Name of Employer Occupation
Newport Harbor Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240712

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City State Zip Code
Pittsburgh PA 15206-3780

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

Name of Employer Occupation
Weinstein Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240753

Amount of Each Receipt this Period
166.67

C. Full Name (Last, First, Middle Initial)
DR Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240755

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	246.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Amy Sobel

Mailing Address 11104 Creek Point Dr

City State Zip Code
Matthews NC 28105-7702

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240756

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

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

Name of Employer Occupation
Central LA Imaging Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240758

Amount of Each Receipt this Period
83.34

C. Full Name (Last, First, Middle Initial)
DR Varian C. Scott, III

Mailing Address Radiology Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Occupation
Radiology Assoc of Birmingham Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240759

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	158.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Arthur Sandy

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 ▼ 765.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2006

Transaction ID: 18240763

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
DR Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

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

Name of Employer Diagnostic Radiology Consultants, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2006

Transaction ID: 18240764

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
DR Gilbert Parker, JR

Mailing Address 2763 Brownfield Way

City Sumter State SC Zip Code 29150-2254

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

Name of Employer Sumter Radiological, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2006

Transaction ID: 18240765

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Gerald Dodd, III

Mailing Address Univ of Texas Hlth Sci Ctr
7703 Floyd Curl Dr

City San Antonio State TX Zip Code 78229-3901

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

Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240766

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
DR Christopher Ullrich

Mailing Address Charlotte Radiology PA
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1004.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240767

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
DR Robert Raible, JR

Mailing Address 500 E Worthington Ave

City Charlotte State NC Zip Code 28203-5346

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240779

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	165.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Fred Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240780

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
DR Toby C. Cole, JR

Mailing Address PO Box 2959

City State Zip Code
Asheville NC 28802-2959

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

Name of Employer Occupation
Asheville Radiology Assoc. Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240781

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code
Atlanta GA 30307-1244

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

Name of Employer Occupation
Radiology Associates of Birmingham Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18240783

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	112.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Jugesh Cheema		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 55 Wellington Dr		Transaction ID: 18240784
City State Zip Code Orange CT 06477-3035	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. DR Dale Shaw		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3601 Sharon Rd		Transaction ID: 18240785
City State Zip Code Charlotte NC 28211-3325	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) C. DR John Rogers		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 802 West Gap Creek Road		Transaction ID: 18240786
City State Zip Code Greer SC 29651-5065	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional)	124.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 87	
	(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

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

Mailing Address 2936 Grampian Dr

City	State	Zip Code
Gastonia	NC	28054-6402

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

Name of Employer Shelby Radiological Associates	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 18241055

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	57778.54

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Vanguard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 13750		Transaction ID: 18215351	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Receipt this Period 1021.89
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11093.32	
		Interest	

Full Name (Last, First, Middle Initial) B. Vanguard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address PO Box 13750		Transaction ID: 18442748	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Receipt this Period 1065.66
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 12158.98	
		Interest	

SUBTOTAL of Receipts This Page (optional) ▶	2087.55
TOTAL This Period (last page this line number only) ▶	2087.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 87

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

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

Full Name (Last, First, Middle Initial) A. Every Republican Is Crucial (ERICPAC)		Transaction ID: 17904847 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 2500.00
City Richmond State VA Zip Code 23219	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 17906130 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address Box 586		Amount of Each Disbursement this Period 2500.00
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Gordon Smith		Transaction ID: 17906050 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Sherrod Brown		Transaction ID: 17904848 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 2280 Kresge Drive Suite 800		Amount of Each Disbursement this Period 5000.00
City Amherst State OH Zip Code 44001	Debt Retirement	
Purpose of Disbursement Debt Retirement		011 Category/ Type
Candidate Name Sherrod Brown		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vine PAC		Transaction ID: 17906128 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 236 Massachusetts Ave., N.E. Suite 508		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Debt Retirement	
Purpose of Disbursement Debt Retirement		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Inslee For Congress		Transaction ID: 17906189 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98133	Debt Retirement	
Purpose of Disbursement Debt Retirement		011 Category/ Type
Candidate Name Rep. Jay Inslee		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	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)

PAGE 86 / 87

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

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

A. Full Name (Last, First, Middle Initial)
Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City Raleigh State NC Zip Code 27602

Purpose of Disbursement

Candidate Name
Sen. Elizabeth Dole

Office Sought: House
 Senate
 President
State: NC District: 1

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18075671

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

22500.00

**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)

PAGE 87 / 87

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 18215357 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 27025		Amount of Each Disbursement this Period 758.04
City Richmond State VA Zip Code 23261-7025	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 18446029 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 27025		Amount of Each Disbursement this Period 2895.67
City Richmond State VA Zip Code 23261-7025	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3653.71

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

3653.71