



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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|   |   |
|---|---|
| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 532260.11 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 561731.09               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 34525.08                | 926646.50                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 596256.17               | 1458906.61                        |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 96100.00                | 958750.44                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 500156.17               | 500156.17                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 33180.08                      | 817032.22                         |
| (ii) Unitemized .....  | 1345.00                       | 102048.80                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 34525.08                      | 919081.02                         |
| (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) .....     | 34525.08                      | 919081.02                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 7500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 65.48                             |
| 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)) .....                          | 34525.08                      | 926646.50                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 34525.08                      | 926646.50                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 0.00                                  | 194.00                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                                  | 194.00                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 61300.00                              | 919800.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 34800.00                              | 34800.00                                  |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 3956.44                                   |
| 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))..       | 96100.00                              | 958750.44                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 96100.00                              | 958750.44                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 34525.08                      | 919081.02                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 34525.08                      | 919081.02                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 194.00                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 194.00                            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50  
(check only one)

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

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. James Jelinek  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address Washington Hospital Center<br>110 Irving St NW BA94   |                                      | Transaction ID: 36971146                            |
| City Washington   | State DC                             | Zip Code 20010-2975                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>45.00         |
| Name of Employer<br>Center Radiology  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>495.00   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Steven Dunnagan  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address 150 Hickory Creek Cir   |                                      | Transaction ID: 36972897                            |
| City Little Rock  | State AR                             | Zip Code 72212-2511                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>1200.00       |
| Name of Employer<br>Radiology Associates, P.A.  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1800.00  |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Douglas Elliott  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address 2941 N Oakland Zion Rd  |                                      | Transaction ID: 36972898                            |
| City Fayetteville   | State AR                             | Zip Code 72703-4650                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>600.00        |
| Name of Employer<br>Radiology Associates, P.A.  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1400.00  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1845.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jerome Gehl

Mailing Address 33 Edgehill Rd

City State Zip Code  
Little Rock AR 72207-5461

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2010

**Transaction ID:** 36972899

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address Radiology Associates PA  
500 S University Ave Ste 101

City State Zip Code  
Little Rock AR 72205-5314

FEC ID number of contributing federal political committee. C

Name of Employer  
Radiology Associates, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2010

**Transaction ID:** 36972900

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Barbara Sandefur

Mailing Address 2425 E Boston Mountain Dr

City State Zip Code  
Fayetteville AR 72701-2802

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 ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2010

**Transaction ID:** 36972901

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Kathleen Sitarik   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address Radiology Associates PA<br>500 S University Ave Ste 600   |                                      | <b>Transaction ID:</b> 36972904                     |
| City Little Rock  | State AR                             | Zip Code 72205-5302                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>1200.00       |
| Name of Employer<br>Radiology Associates PA   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2200.00  |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. David Tamas  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address 9 Hickory Hills Cir   |                                      | <b>Transaction ID:</b> 36972905                     |
| City Little Rock  | State AR                             | Zip Code 72212-2766                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Radiology Associates, P.A.  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00  |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Albert S. Alexander  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010 |
| Mailing Address 3612 Foxcroft Rd  |                                      | <b>Transaction ID:</b> 36972906                     |
| City Little Rock  | State AR                             | Zip Code 72227-2333                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Radiology Associates, P.A.  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

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

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

|  |  |                                      |   |   |  |
|--|--|--------------------------------------|---|---|--|
| <b>A.</b>                                | Full Name (Last, First, Middle Initial)<br>DR Kevin Serey              |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2010   |   |  |
|  | Mailing Address 12608 Woodside Dr                                      |                                      | <b>Transaction ID:</b> 36978071   |   |  |
|  | City Prospect  | State KY                             | Zip Code 40059-7116   | Amount of Each Receipt this Period<br>1000.00 |  |
|  | FEC ID number of contributing federal political committee.<br><b>C</b> |                                      | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Name of Employer<br>Radiology Associates |  | Occupation<br>Diagnostic Radiologist |   | Aggregate Year-to-Date ▼<br>1000.00           |  |

|  |  |                                      |   |  |  |
|--|--|--------------------------------------|---|--|--|
| <b>B.</b>                                | Full Name (Last, First, Middle Initial)<br>Dr. Kelly B. Colomb         |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 08 / 2010   |  |  |
|  | Mailing Address 3008 Laura Dr  |                                      | <b>Transaction ID:</b> 37106125   |  |  |
|  | City Floyds Knobs  | State IN                             | Zip Code 47119-9471   | Amount of Each Receipt this Period<br>250.00 |  |
|  | FEC ID number of contributing federal political committee.<br><b>C</b> |                                      | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Name of Employer<br>Radiology Associates |  | Occupation<br>Diagnostic Radiologist |   | Aggregate Year-to-Date ▼<br>250.00           |  |

|                                   |  |                                      |   |   |  |
|-----------------------------------|--|--------------------------------------|---|---|--|
| <b>C.</b>                         | Full Name (Last, First, Middle Initial)<br>Dr. Lloyd E. Stambaugh, III |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 08 / 2010   |   |  |
|                                   | Mailing Address 15617 NE 153rd St                                      |                                      | <b>Transaction ID:</b> 37106126   |   |  |
|                                   | City Woodinville   | State WA                             | Zip Code 98072-8126   | Amount of Each Receipt this Period<br>1000.00 |  |
|                                   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                      | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Name of Employer<br>Radia Imaging |  | Occupation<br>Diagnostic Radiologist |   | Aggregate Year-to-Date ▼<br>1000.00           |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 10 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Grantham

Mailing Address 50591 Glenshire Ct

City State Zip Code  
Granger IN 46530-4978

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

Name of Employer: Radiology, Inc. Occupation: Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010  
Transaction ID: 37106127  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 9198 Hemingway Grove Cir

City State Zip Code  
Knoxville TN 37922-8090

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

Name of Employer: Abercrombie Radiological Consultants Occupation: Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2010  
Transaction ID: 37124595  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Francis Greg Curtin

Mailing Address 809 Creswell Ct

City State Zip Code  
Knoxville TN 37919-7447

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

Name of Employer: Abercrombie Radiological Consultants Occupation: Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 12 / 2010  
Transaction ID: 37124596  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3530 Maloney Rd

City State Zip Code  
Knoxville TN 37920-7316

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

Name of Employer Occupation  
Abercrombie Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 37124597

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Diane Edge

Mailing Address 1401 Queensbridge Dr

City State Zip Code  
Knoxville TN 37922-6083

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

Name of Employer Occupation  
Abercrombie Radiological Consultants Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 37124598

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Baker

Mailing Address 304 Brooke Valley Blvd

City State Zip Code  
Knoxville TN 37922-3557

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

Name of Employer Occupation  
Abercrombie Radiological Consultants Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 37124599

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 50  
(check only one)

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Wayne Eberenz  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address 6820 Stone Mill Dr  |                                      | <b>Transaction ID:</b> 37124670                     |
| City<br>Knoxville   | State<br>TN                          | Zip Code<br>37919-7496                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Abercrombie Radiological Consultants  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Donna Culhane  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address 6820 Stone Mill Dr  |                                      | <b>Transaction ID:</b> 37124671                     |
| City<br>Knoxville   | State<br>TN                          | Zip Code<br>37919-7496                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Abercrombie Radiological Consultants  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Andrew Evancho   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address 2330 Craig Cove Rd  |                                      | <b>Transaction ID:</b> 37124672                     |
| City<br>Knoxville   | State<br>TN                          | Zip Code<br>37919-9311                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Abercrombie Radiological Consultants  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50  
(check only one)

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

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

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

**A.**

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

Mailing Address 2414 Caravel Ln

City State Zip Code  
Knoxville TN 37922-6174

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

Name of Employer  
Acrocrombie Radiological Consultants

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 37124673

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 3922 Glenfield Drive

City State Zip Code  
Knoxville TN 37919-6698

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

Name of Employer  
Abercrombie Radiological Consultants

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 37124674

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1621 Wembley Hills Rd

City State Zip Code  
Knoxville TN 37922-8583

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

Name of Employer  
Abercrombie Radiological Consultants

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 37124795

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jason Cameron

Mailing Address Abercrombie Radiology  
1112 Weisgerber Rd

City Knoxville State TN Zip Code 37909-2647

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

Name of Employer Abercrombie Radiological Consultants Occupation Diagnostic Radiologist

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

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37124796  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Goeser

Mailing Address 740 Lamplighter Cir SE

City Salem State OR Zip Code 97302-3941

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

Name of Employer Diagnostic Imaging Associates, Inc. Occupation Diagnostic Radiologist

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

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37124799  
Amount of Each Receipt this Period 250.00

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

Mailing Address 3 Ware Rd

City Upper Saddle River State NJ Zip Code 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37125014  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 12 / 2010

**Transaction ID: 37125015**

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 12 / 2010

**Transaction ID: 37125016**

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 12 / 2010

**Transaction ID: 37125017**

Amount of Each Receipt this Period 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code  
Closter NJ 07624-2908

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

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

Transaction ID: 37125018

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code  
New York NY 10023-2805

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

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

Transaction ID: 37125061

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City State Zip Code  
Hackensack NJ 07601-1914

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

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

Transaction ID: 37125062

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125064

Amount of Each Receipt this Period  
30.00

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

Mailing Address 506 Julie Ct

City State Zip Code  
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125065

Amount of Each Receipt this Period  
30.00

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

Mailing Address 538 E 84th St Apt 4E

City State Zip Code  
New York NY 10028-7357

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125066

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 505 Ivy Lane

City State Zip Code  
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125091

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code  
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125092

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 18 Baldwin Rd

City State Zip Code  
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 37125093

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

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

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

|   |   |                                      |   |   |  |
|---|---|--------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Regina Chu       |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |   |  |
|   | Mailing Address 15 Ogle Rd                                      |                                      | <b>Transaction ID:</b> 37125094                     |   |  |
|   | City<br>Old Tappan  | State<br>NJ                          | Zip Code<br>07675-7028                              | Amount of Each Receipt this Period<br>19.23 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                      |   |   |  |
|   | Name of Employer<br>Hackensack Radiology Group                  | Occupation<br>Diagnostic Radiologist |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>365.37   |   |   |  |

|   |   |                                      |   |   |  |
|---|---|--------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Sunitha Sunkavalli |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |   |  |
|   | Mailing Address 943 High Mountain Rd                              |                                      | <b>Transaction ID:</b> 37125095                     |   |  |
|   | City<br>Franklin Lakes  | State<br>NJ                          | Zip Code<br>07417-1619                              | Amount of Each Receipt this Period<br>19.23 |  |
|   | FEC ID number of contributing federal political committee.<br>C   |                                      |   |   |  |
|   | Name of Employer<br>Hackensack Radiology Group                    | Occupation<br>Diagnostic Radiologist |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>384.60   |   |   |  |

|   |   |                                      |   |   |  |
|---|---|--------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Margaret Emy     |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |   |  |
|   | Mailing Address 245 Oxford Dr                                   |                                      | <b>Transaction ID:</b> 37125096                     |   |  |
|   | City<br>Tenafly   | State<br>NJ                          | Zip Code<br>07670-3117                              | Amount of Each Receipt this Period<br>19.23 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                      |   |   |  |
|   | Name of Employer<br>Hackensack Radiology Group                  | Occupation<br>Diagnostic Radiologist |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>384.60   |   |   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 57.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

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

**Transaction ID:** 37125097

Amount of Each Receipt this Period 19.23

**B.**

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

Mailing Address 555 W 59th St Apt 19E

City New York State NY Zip Code 10019-1006

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

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

**Transaction ID:** 37125098

Amount of Each Receipt this Period 19.23

**C.**

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

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

**Transaction ID:** 37125099

Amount of Each Receipt this Period 19.23

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City State Zip Code  
Tenafly NJ 07670-2902

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37125100

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City State Zip Code  
Englewood NJ 07631-3081

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37125101

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr  
20 Prospect Ave Ste 513

City State Zip Code  
Hackensack NJ 07601-1962

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37125102

Amount of Each Receipt this Period

19.23

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

57.69

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 50  
(check only one)

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

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

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

**A.**

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code  
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

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

Transaction ID: 37125103

Amount of Each Receipt this Period  
19.23

**B.**

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

Mailing Address 3122 Kingscliff Way NE

City State Zip Code  
Atlanta GA 30345-2128

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 37125104

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 280 Quiet Water Ln

City State Zip Code  
Atlanta GA 30350-3720

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

Name of Employer Northside Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 37125105

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1019.23**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 939 Briarcliff Rd NE

City Atlanta State GA Zip Code 30306-4664

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125107**  
Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 1685 High Trl

City Atlanta State GA Zip Code 30339-5690

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125108**  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jose De Lima, JR

Mailing Address 5351 Northland Dr NE

City Atlanta State GA Zip Code 30342-2009

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125109**  
Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 91 Blackland Dr NW

City Atlanta State GA Zip Code 30342-4401

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125110**  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Tanya Fields

Mailing Address 10891 Bossier Dr

City Alpharetta State GA Zip Code 30022-7360

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125111**  
Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 2 Coventry Close

City Avondale Estates State GA Zip Code 30002-1437

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID: 37125114**  
Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 50  
(check only one)

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Soheil Hanna   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address<br>Northside Hospital<br>1000 Johnson Ferry Rd NE   |                                      | Transaction ID: 37125115                            |
| City<br>Atlanta   | State<br>GA                          |   |
| Zip Code<br>30342-1606  |                                      | Amount of Each Receipt this Period<br>500.00        |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Douglas Kallman  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address<br>5281 Vernon Springs Trl NW   |                                      | Transaction ID: 37125116                            |
| City<br>Atlanta   | State<br>GA                          |   |
| Zip Code<br>30327-4511  |                                      | Amount of Each Receipt this Period<br>500.00        |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Eugene Lee   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address<br>5775 Glenridge Dr NE<br>Bldg B Ste 360   |                                      | Transaction ID: 37125117                            |
| City<br>Atlanta   | State<br>GA                          |   |
| Zip Code<br>30328-5380  |                                      | Amount of Each Receipt this Period<br>500.00        |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

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

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

|           |   |                                      |   |  |  |
|-----------|---|--------------------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Richard Meli     |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |  |  |
|           | Mailing Address 3359 Glenrose Trl                               |                                      | <b>Transaction ID:</b> 37125118                     |  |  |
|           | City<br>Atlanta   | State<br>GA                          | Zip Code<br>30341-5783                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                      |   |  |  |
|           | Name of Employer<br>Northside Radiology Associates              | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>500.00                    |  |  |

|           |   |                                      |   |  |  |
|-----------|---|--------------------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Steven Moss      |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |  |  |
|           | Mailing Address 220 Westminster Pl                              |                                      | <b>Transaction ID:</b> 37125121                     |  |  |
|           | City<br>Atlanta   | State<br>GA                          | Zip Code<br>30350-5548                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                      |   |  |  |
|           | Name of Employer<br>Northside Radiology Associates              | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>500.00                    |  |  |

|           |   |                                      |   |  |  |
|-----------|---|--------------------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Mark Nicol       |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |  |  |
|           | Mailing Address Northside Hospital<br>1000 Johnson Ferry Rd NE  |                                      | <b>Transaction ID:</b> 37125122                     |  |  |
|           | City<br>Atlanta   | State<br>GA                          | Zip Code<br>30342-1611                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                      |   |  |  |
|           | Name of Employer<br>Northside Radiology Associates, P.C.        | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>500.00                    |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 195 Avery Dr NE

City Atlanta State GA Zip Code 30309-2700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37125123  
Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 265 Pineland Rd NW

City Atlanta State GA Zip Code 30342-4018

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37125124  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Serge Ouanounou

Mailing Address 50 Battle Ridge Dr NE

City Atlanta State GA Zip Code 30342-2451

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 37125125  
Amount of Each Receipt this Period 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3810 Tynemoore Walk SE

City State Zip Code  
Smyrna GA 30080-5992

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

Name of Employer Northside Radiology Associates      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 37125126

Amount of Each Receipt this Period  
500.00

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

Mailing Address 11014 Taconic Way

City State Zip Code  
Duluth GA 30097-1937

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

Name of Employer Northside Radiology Associates      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 37125127

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Russell Tippins

Mailing Address 4 Polo Dr NE

City State Zip Code  
Atlanta GA 30309-2720

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

Name of Employer Northside Radiology Associates      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 37125128

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50  
(check only one)

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Robert Tyrrel  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 1 0 |
| Mailing Address 3910 W Nancy Creek Ct NE  |                                      | <b>Transaction ID:</b> 37125129                               |
| City Atlanta  | State GA                             | Zip Code 30319-4810   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Srekanth Vemuri  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 1 0 |
| Mailing Address 730 Glenairy Dr NE  |                                      | <b>Transaction ID:</b> 37125130                               |
| City Atlanta  | State GA                             | Zip Code 30328-4217   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Carolyn Weaver   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 1 0 |
| Mailing Address Northside Radiology Associates<br>5775 Glenridge Dr NE Bldg B   |                                      | <b>Transaction ID:</b> 37125132                               |
| City Atlanta  | State GA                             | Zip Code 30328-5380   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>500.00                  |
| Name of Employer<br>Northside Radiology Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Weinstein

Mailing Address 741 Burning Tree Dr SE

City Marietta State GA Zip Code 30067-4721

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010

Transaction ID: 37125133

Amount of Each Receipt this Period 500.00

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

Mailing Address 5005 Riverview Rd NW

City Atlanta State GA Zip Code 30327-4237

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

Name of Employer Northside Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010

Transaction ID: 37125134

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Booker, JR

Mailing Address PO Box 308

City Hickory State NC Zip Code 28603-0308

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

Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 591.67

Date of Receipt 10 / 12 / 2010

Transaction ID: 37125135

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50  
(check only one)

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

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Steven Harlan  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address CRA<br>18 13th Ave NE   |                                      | <b>Transaction ID:</b> 37125136                     |
| City<br>Hickory   | State<br>NC                          | Zip Code<br>28601-3748                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer<br>Catawba Radiological Associates, Inc.   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>591.67   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. William Thorwarth, JR  |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address Catawba Radiological Assoc<br>PO Box 308  |                                      | <b>Transaction ID:</b> 37125139                     |
| City<br>Hickory   | State<br>NC                          | Zip Code<br>28603-0308                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer<br>Catawba Radiological Associates   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00   |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Nicholas Frankel   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2010 |
| Mailing Address PO Box 9470   |                                      | <b>Transaction ID:</b> 37125140                     |
| City<br>Hickory   | State<br>NC                          | Zip Code<br>28603-9470                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer<br>Catawba Radiological Associates, Inc.   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>591.67   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

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

FOR LINE NUMBER: PAGE 32 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Catawba Radiological Assoc  
18 13th Ave NE

City State Zip Code  
Hickory NC 28601-3748

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

Name of Employer Occupation  
Catawba Radiological Associates, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 591.67

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

**Transaction ID:** 37125141

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City State Zip Code  
Hickory NC 28601-9016

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

Name of Employer Occupation  
Catawba Radiological Associates, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 591.67

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

**Transaction ID:** 37125142

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc  
PO Box 308

City State Zip Code  
Hickory NC 28603-0308

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

Name of Employer Occupation  
Catawba Radiological Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 591.67

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

**Transaction ID:** 37125143

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 33 / 50                 |
|   | (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 Political Action Committee

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Michael Jacobs       |                                      | Date of Receipt  |
|   | Mailing Address 3818 11th Street PI NE                              |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Hickory   | NC                                   | 28601-8420   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125147  |
| Name of Employer<br>Catawba Radiological Associates, Inc.   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>591.67   | <input type="text"/> 150.00  |

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Eric Rautiola        |                                      | Date of Receipt  |
|   | Mailing Address 821 8th St NW                                       |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Hickory   | NC                                   | 28601-3541   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125148  |
| Name of Employer<br>Catawba Radiological Associates, Inc.   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>591.67   | <input type="text"/> 150.00  |

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Keith Harper         |                                      | Date of Receipt  |
|   | Mailing Address 602 46th Ave Dr NE                                  |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Hickory   | NC                                   | 28601-7318   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125149  |
| Name of Employer<br>Catawba Radiological Associates   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>591.67   | <input type="text"/> 150.00  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 34 / 50 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Knox Tate            |                                      | Date of Receipt  |
|   | Mailing Address 809 8th Ave NW                                      |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Hickory   | NC                                   | 28601-3548   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125150  |
| Name of Employer<br>Catawba Radiological Associates   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>591.63   | <input type="text"/> 150.00  |

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Paul Radecki         |                                      | Date of Receipt  |
|   | Mailing Address 1 Great Elm Ct                                      |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Potomac   | MD                                   | 20854-1228   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125835  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00   | <input type="text"/> 250.00  |

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Barbara Robins       |                                      | Date of Receipt  |
|   | Mailing Address 244 Derwen Rd                                       |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>1 0 / 1 2 / 2 0 1 0 |
|   | City  | State                                | Zip Code   |
|   | Merion Station  | PA                                   | 19066-1229   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 37125836  |
| Name of Employer<br>Radiology Group of Abington   |   | Occupation<br>Diagnostic Radiologist | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00   | <input type="text"/> 250.00  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kendall Wong

Mailing Address Bloomington Radiology, S.C.  
2200 Fort Jesse Rd Ste 280

City State Zip Code  
Normal IL 61761-2281

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

Name of Employer Occupation  
Bloomington Radiology, S.- Diagnostic Radiologist  
C.

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

Date of Receipt

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

Transaction ID: 37125837

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Marion Brody

Mailing Address 1346 Garden Rd

City State Zip Code  
Wynnewood PA 19096-3624

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

Name of Employer Occupation  
Fox Chase Cancer Center Radiology Resident

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

Date of Receipt

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

Transaction ID: 37125838

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 8700 Sudley Rd

City State Zip Code  
Manassas VA 20110-4418

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

Name of Employer Occupation  
Virginia Radiology Associ- Diagnostic Radiologist  
ates

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

Date of Receipt

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

Transaction ID: 37125840

Amount of Each Receipt this Period

250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 50

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Isaac Kirk, III

Mailing Address 3756 Westerman

City State Zip Code  
Houston TX 77005-1168

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

Name of Employer Occupation  
St. Joseph 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  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130651

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shawn Teague

Mailing Address 11844 Tarver Ct

City State Zip Code  
Fishers IN 46037-8277

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

Name of Employer Occupation  
Indiana Univ School of Medicine Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130653

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bobby Thomas

Mailing Address 1961 Crystal Hills Dr

City State Zip Code  
Athens GA 30606-5389

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130664

Amount of Each Receipt this Period

125.00

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1701 Drake Ave

City State Zip Code  
Huntsville AL 35802-1042

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

Name of Employer Radiology of Huntsville      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 37130665  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1620 John St S

City State Zip Code  
Salem OR 97302-5110

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

Name of Employer Salem Radiology Consultants      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 37130667  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Rickards

Mailing Address 1266 NW Countryside Ct

City State Zip Code  
McMinnville OR 97128-9528

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

Name of Employer McMinnville Imaging Associates      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 37130669  
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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 38 / 50                 |
|   | (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 Political Action Committee

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Bradford Richmond   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |
|           | Mailing Address Cleveland Clinic Foundation<br>9500 Euclid Ave   | <b>Transaction ID:</b> 37130745                               |
|           | City Cleveland State OH Zip Code 44195-5021  | Amount of Each Receipt this Period<br>40.00                   |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Cleveland Clinic Foundati-<br>on Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼<br>400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Eric Tocci  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |
|           | Mailing Address 437 Triton Road  | <b>Transaction ID:</b> 37130746                               |
|           | City Ormond Beach State FL Zip Code 32176-5459   | Amount of Each Receipt this Period<br>50.00                   |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Radiology Associates of<br>Daytona Beach Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Scott Klioze   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |
|           | Mailing Address 7 Cypress Hollow Ln   | <b>Transaction ID:</b> 37130747                               |
|           | City Ormond Beach State FL Zip Code 32174-3047  | Amount of Each Receipt this Period<br>100.00                  |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Radiology Associates of<br>Daytona Beach Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼<br>1000.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>190.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code  
Lenoir NC 28645-3755

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

Name of Employer Occupation  
Lenoir Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130748

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City State Zip Code  
Charlotte NC 28226-5610

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

Name of Employer Occupation  
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130749

Amount of Each Receipt this Period  
45.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City State Zip Code  
Greenville NC 27834-0549

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

Name of Employer Occupation  
Eastern Radiologists Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130752

Amount of Each Receipt this Period  
40.00

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

135.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50

(check only one)

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

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

|   |  |                                      |   |   |  |
|---|--|--------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. David Buck              |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 13 / 2010 |   |  |
|   | Mailing Address 272 Harrison Rd  |                                      | <b>Transaction ID:</b> 37130753                     |   |  |
|   | City<br>Turtle Creek   | State<br>PA                          | Zip Code<br>15145-1042                              | Amount of Each Receipt this Period<br>30.42 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                      |   |   |  |
|   | Name of Employer<br>Greensburg X-Ray Associates                        | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>304.20                    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                      |   |   |  |

|   |  |                                      |   |   |  |
|---|--|--------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Kevin O'Brien           |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 13 / 2010 |   |  |
|   | Mailing Address St Johns Macomb Hospital<br>11800 E 12 Mile Rd         |                                      | <b>Transaction ID:</b> 37130754                     |   |  |
|   | City<br>Warren   | State<br>MI                          | Zip Code<br>48093-3494                              | Amount of Each Receipt this Period<br>83.34 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                      |   |   |  |
|   | Name of Employer<br>Diagnostic Radiology Consultants, PC               | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>626.70                    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                      |   |   |  |

|   |   |                                      |   |  |  |
|---|---|--------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Terry Martin               |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 13 / 2010 |  |  |
|   | Mailing Address Rad Assoc of Birmingham PC<br>2090 Columbiana Rd Ste 4400 |                                      | <b>Transaction ID:</b> 37130755                     |  |  |
|   | City<br>Birmingham  | State<br>AL                          | Zip Code<br>35216-2152                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>    |                                      |   |  |  |
|   | Name of Employer<br>Rad Assoc of Birmingham PC                            | Occupation<br>Diagnostic Radiologist | Aggregate Year-to-Date<br>1000.00                   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                      |   |  |  |

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

**213.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 50

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City State Zip Code  
Stevensville MI 49127-9376

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

Name of Employer Occupation  
Radiology Associates of Berrie Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130756

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
Dallas TX 75254-8613

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

Name of Employer Occupation  
Southwest Imaging & Inter-ven specialis Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2083.40

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130760

Amount of Each Receipt this Period  
208.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Montgomery

Mailing Address 45 Glenwood Rd

City State Zip Code  
West Hartford CT 06107-1506

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

Name of Employer Occupation  
Jefferson Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 37130761

Amount of Each Receipt this Period  
25.00

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

275.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 50  
(check only one)

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

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

**A.**

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

Mailing Address 27 Hillwood Rd

City State Zip Code  
Mobile AL 36608-2311

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

Name of Employer  
Radiology Associates of Mobile

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
469.25

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

**Transaction ID:** 37130762

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City State Zip Code  
Birmingham AL 35242-0525

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

Name of Employer  
Birmingham Radiological Group P.C.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.40

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

**Transaction ID:** 37130763

Amount of Each Receipt this Period  
83.34

**C.**

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

Mailing Address 2466 Oak Bend PI

City State Zip Code  
Newburgh IN 47630-8053

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

Name of Employer  
Medical Center of Delaware

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** 37130772

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.34**

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

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

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

FOR LINE NUMBER: PAGE 43 / 50

(check only one)

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

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

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Rita Freimanis           |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |   |  |
|   | Mailing Address Wake Forest Univ Sch of Medicine<br>Medical Center Blvd |                                    | <b>Transaction ID:</b> 37130773                               |   |  |
|   | City<br>Winston Salem   | State<br>NC                        | Zip Code<br>27157-1088  | Amount of Each Receipt this Period<br>25.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C         |                                    |   |   |  |
|   | Name of Employer<br>Wake Forest Univ Sch of Medicine                    |                                    | Occupation<br>Diagnostic Radiologist                          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>225.00 |   |   |  |

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Daniel Cohen     |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |   |  |
|   | Mailing Address 1480 Brookfield Road                            |                                    | <b>Transaction ID:</b> 37130774                               |   |  |
|   | City<br>Yardley   | State<br>PA                        | Zip Code<br>19067-3930  | Amount of Each Receipt this Period<br>40.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |   |  |
|   | Name of Employer<br>Radiology Affiliates of Central New Je      |                                    | Occupation<br>Diagnostic Radiologist                          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00 |   |   |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Raja Cheruvu     |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |   |  |
|   | Mailing Address 165 Via Foresta Ln                              |                                     | <b>Transaction ID:</b> 37130775                               |   |  |
|   | City<br>Williamsville   | State<br>NY                         | Zip Code<br>14221-1984  | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Windsong Radiology Group                    |                                     | Occupation<br>Diagnostic Radiologist                          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1300.00 |   |   |  |

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Radiology of Huntsville  
2006 Franklin St SE Ste 200

City Huntsville State AL Zip Code 35801-4537

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

Name of Employer Baptist Medical Ctr-Montclair Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010  
Transaction ID: 37130776  
Amount of Each Receipt this Period 100.00

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

Mailing Address 2240 S Elks Ln Unit 55

City Yuma State AZ Zip Code 85364-6284

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

Name of Employer MDIG Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 13 / 2010  
Transaction ID: 37130778  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City Chestnut Hill State MA Zip Code 02467-3023

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

Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 13 / 2010  
Transaction ID: 37130779  
Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 266.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11104 Creek Point Dr

City State Zip Code  
Matthews NC 28105-7702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Charlotte Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 13 / 2010

**Transaction ID:** 37130781

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City State Zip Code  
Greenville SC 29615-6037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Greenville Radiology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt M M / D D / Y Y Y Y  
10 / 13 / 2010

**Transaction ID:** 37130785

Amount of Each Receipt this Period 41.67

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

Mailing Address 41 Hummingbird Rd

City State Zip Code  
Wyomissing PA 19610-2849

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
West Reading Radiology As-soc 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  
10 / 13 / 2010

**Transaction ID:** 37134593

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1066.67

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 46 / 50                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Janet Storella   |                                      | Date of Receipt   |
| Mailing Address 6515 Fallwind Ln  |                                      | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |
| City  | State                                | Zip Code  |
| Bethesda  | MD                                   | 20817-4941  |
| FEC ID number of contributing federal political committee.  |                                      | Transaction ID: 37158142  |
| C <input type="text"/>  |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text"/> 40.00  |
| Name of Employer<br>Drs Grover, Christie & Merritt  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             |   |
|   | <input type="text"/> 800.00          |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. William Wallace  |                                      | Date of Receipt   |
| Mailing Address 2317 Raintree St NE   |                                      | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 1 3 / 2 0 1 0 |
| City  | State                                | Zip Code  |
| Canton  | OH                                   | 44705-3143  |
| FEC ID number of contributing federal political committee.  |                                      | Transaction ID: 37158145  |
| C <input type="text"/>  |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text"/> 90.00  |
| Name of Employer<br>Radiology Associates of Canton  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             |   |
|   | <input type="text"/> 270.00          |   |

|  |                               |
|--|-------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 130.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/> 33180.08 |

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

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

FOR LINE NUMBER: (check only one)

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

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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Diane Black For Congress<br><br>Mailing Address 819 Plantation Blvd<br><br>City Gallatin State TN Zip Code 37066<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Ms. Diane Black<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TN District: 06       | Transaction ID: 36627976<br>Date of Disbursement<br>10 / 01 / 2010<br><br>Amount of Each Disbursement this Period<br>3000.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of Schumer<br><br>Mailing Address 509 Madison Ave Suite 1902<br><br>City New York State NY Zip Code 10022<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Sen. Charles E. Schumer<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: NY District: | Transaction ID: 36906489<br>Date of Disbursement<br>10 / 06 / 2010<br><br>Amount of Each Disbursement this Period<br>2500.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Paul Gosar For Congress<br><br>Mailing Address 2222 E. Cedar Ave.<br><br>City Flagstaff State AZ Zip Code 86004<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Mr. Paul Gosar<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: AZ District: 01         | Transaction ID: 36918998<br>Date of Disbursement<br>10 / 02 / 2010<br><br>Amount of Each Disbursement this Period<br>5000.00 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Tom Rooney For Congress

Transaction ID: 36933150  
Date of Disbursement

Mailing Address 2336 S. East Ocean Blvd. #313

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Stuart FL 34996

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
Rep. Thomas Rooney

Office Sought:  House  Senate  President  
State: FL District: 16

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Rob Andrews U.S. House Committee

Transaction ID: 36977639  
Date of Disbursement

Mailing Address 215 Fourth Avenue Suite 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 5 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Haddon Heights NJ 07076

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
Rep. Robert Andrews

Office Sought:  House  Senate  President  
State: NJ District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Friends Of Roy Blunt

Transaction ID: 36977641  
Date of Disbursement

Mailing Address P.O. Box 50100

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 5 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Springfield MO 65805

Amount of Each Disbursement this Period

|         |
|---------|
| 3500.00 |
|---------|

Purpose of Disbursement

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
Mr. Roy Blunt

Office Sought:  House  Senate  President  
State: MO District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|         |
|---------|
| 6000.00 |
|---------|

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

|  |
|--|
|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 50

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

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

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Jason Chaffetz<br><hr/> Mailing Address 315 Westfield Circle<br><hr/> City Alpine State UT Zip Code 84004<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Jason Chaffetz<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: 03<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36977752<br>Date of Disbursement<br>10 / 08 / 2010   |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Sandy Adams For Congress<br><hr/> Mailing Address P. O. Box 1566<br><hr/> City Orlando State FL Zip Code 32802<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Sandy Adams<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 24<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: 36977755<br>Date of Disbursement<br>10 / 08 / 2010   |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Kuster For Congress<br><hr/> Mailing Address P.O. Box 1498<br><hr/> City Concord State NH Zip Code 03302<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Ms. Ann Kuster<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NH District: 02<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: 36977756<br>Date of Disbursement<br>10 / 08 / 2010   |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>26500.00</b> |

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br>American College of Radiology Association Political<br>Action Committee | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00343459 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice               |  |

|   |   |                   |
|---|---|-------------------|
| Full Name (Last, First, Middle, Initial) of Payee<br>Campaign Grid                  |   |                   |
| Mailing Address<br>223 Summit Avenue  |   |                   |
| City<br>Fort Washington   | State<br>PA   | Zip Code<br>19034 |
| Purpose of Expenditure<br>Internet Video Ad   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span> |                   |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Sen. David Vitter |   |                   |
| Calendar Year-To-Date Per Election<br>for Office Sought                             | <span style="border: 1px solid black; padding: 2px;">28000.00</span>              |                   |

|   |
|---|
| Date<br>M M / D D / Y Y Y Y<br><span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 1 0</span>  |
| Amount<br><span style="border: 1px solid black; padding: 2px; text-align: right;">28000.00</span>   |
| <b>Transaction ID:</b> 36965974   |
| Office Sought: <input type="checkbox"/> House State: <u>LA</u><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |
| Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010            |

|  |   |                   |
|--|---|-------------------|
| Full Name (Last, First, Middle, Initial) of Payee<br>Marsh Copsey + Associates, Inc. |   |                   |
| Mailing Address<br>601 Thirteenth Street, N.W.<br>11th Floor North                   |   |                   |
| City<br>Washington   | State<br>DC   | Zip Code<br>20005 |
| Purpose of Expenditure<br>Internet Video Ad  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span> |                   |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Sen. David Vitter  |   |                   |
| Calendar Year-To-Date Per Election<br>for Office Sought                              | <span style="border: 1px solid black; padding: 2px;">34800.00</span>              |                   |

|   |
|---|
| Date<br>M M / D D / Y Y Y Y<br><span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 1 0</span>  |
| Amount<br><span style="border: 1px solid black; padding: 2px; text-align: right;">6800.00</span>  |
| <b>Transaction ID:</b> 36965975   |
| Office Sought: <input type="checkbox"/> House State: <u>LA</u><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |
| Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010            |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | <span style="border: 1px solid black; padding: 2px;">34800.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  | <span style="border: 1px solid black; padding: 2px;">34800.00</span> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DR William Herrington  
Signature

Date M M D D Y Y Y Y  
1 0 1 9 2 0 1 0