

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 07 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DR Milton Guiberteau
Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 08 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		331338.52
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	464557.90									
(c) Total Receipts (from Line 19)	47517.26	447886.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	512075.16	779224.59								
7. Total Disbursements (from Line 31)	37936.50	305085.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	474138.66	474138.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30457.54	358276.94
(i) Itemized (use Schedule A)	15911.50	83021.78
(ii) Unitemized	46369.04	441298.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46369.04	441298.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1148.22	6587.35
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))	47517.26	447886.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47517.26	447886.07

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	293600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	936.50	9712.93
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))..	37936.50	305085.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	37936.50	305085.93

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46369.04	441298.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46369.04	441298.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1773.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1250 McLynn Ave NE

City Atlanta State GA Zip Code 30306-2530

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

Name of Employer Georgia Baptist Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: 15924944

Amount of Each Receipt this Period
40.00

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

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

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: 15924945

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DR Lisa Collazzo

Mailing Address 3 Pennsford Ln

City Media State PA Zip Code 19063-2051

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

Name of Employer Crozer Chester Med Ctr 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
07 / 10 / 2006

Transaction ID: 15924946

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	590.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Carrie Kresge		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006	
Mailing Address 10 Stoney Brook Blvd		Transaction ID: 15924947	
City Newtown Square	State PA	Amount of Each Receipt this Period 300.00	
Zip Code 19073-3953		Transaction ID: 15924947	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Southeast Radiology, Ltd.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DR Paul Peters		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006	
Mailing Address 3850 E 14 Apt U		Transaction ID: 15925093	
City Casper	State WY	Amount of Each Receipt this Period 150.00	
Zip Code 82609-3100		Transaction ID: 15925093	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Casper Medical Imaging, P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DR Geoffrey Smith		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006	
Mailing Address Casper Medical Imaging 419 S Washington St		Transaction ID: 15925094	
City Casper	State WY	Amount of Each Receipt this Period 300.00	
Zip Code 82601-2951		Transaction ID: 15925094	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Casper Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 937 S Lincoln St

City Casper State WY Zip Code 82601-3328

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

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 15925096

Amount of Each Receipt this Period
 120.00

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

Mailing Address 5280 Squaw Creek Rd

City Casper State WY Zip Code 82604-4257

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

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 15925097

Amount of Each Receipt this Period
 120.00

C. Full Name (Last, First, Middle Initial)
DR Steven Horn

Mailing Address Casper Radiology Group
419 S Washington St Ste 101

City Casper State WY Zip Code 82601-2951

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

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 15925197

Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 419 S Washington St

City Casper State WY Zip Code 82601-2951

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

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2006

Transaction ID: 15925201

Amount of Each Receipt this Period
 120.00

B. Full Name (Last, First, Middle Initial)
DR Boris A. Karaman

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City Casper State WY Zip Code 82601-2951

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

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2006

Transaction ID: 15925203

Amount of Each Receipt this Period
 120.00

C. Full Name (Last, First, Middle Initial)
DR Joseph Tsai

Mailing Address 714 Bentley Ct

City Moorestown State NJ Zip Code 08057-4803

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

Name of Employer Radiology Asso of Burlington C 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
 07 / 12 / 2006

Transaction ID: 15948686

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Charles Cordell, JR

Mailing Address 1030 Tuckerton Rd

City State Zip Code
Marlton NJ 08053-2665

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

Name of Employer
Radiology Asso of Burlington

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 15948688

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR Robert McKinstry, III

Mailing Address Mallinckrodt Inst of Radiology
510 S Kingshighway Blvd

City State Zip Code
Saint Louis MO 63110-1016

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

Name of Employer
Washington University

Occupation
Neuro Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983745

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR Kambiz Shamlou

Mailing Address Radiology Associates
1673 Mason Ave Ste 305

City State Zip Code
Daytona Beach FL 32117-5516

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

Name of Employer
Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983746

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Mailing Address 4 Dover Ln

City State Zip Code
Medford NJ 08055-3349

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

Name of Employer
Radiology Assoc of Burlington

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983747

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12 Forrest Ct

City State Zip Code
Mount Laurel NJ 08054-4823

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

Name of Employer
Radiology Asso of Burlington

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983888

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR Azam Rizvi

Mailing Address 51 Oakhurst Ln

City State Zip Code
Mount Laurel NJ 08054-3191

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

Name of Employer
Radiology Assoc. of Burlington County.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983896

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. DR John Agola		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983935
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) B. DR Cara Bonawitz		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 105 Shoal Quay		Transaction ID: 15983936
City Chesapeake State VA Zip Code 23320-2019	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) C. DR Jeffrey Crass		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 917 Bobolink Dr		Transaction ID: 15983938
City Virginia Beach State VA Zip Code 23451-4944	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 542.86	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. DR Haywood Davis, JR		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address 10 Ambassador Dr		Transaction ID: 15983939
City State Zip Code Hampton VA 23666-6021	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) B. DR John Donnal		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983952
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) C. DR Theodore Dorsay		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address 1500 Chandon Cres		Transaction ID: 15983953
City State Zip Code Virginia Beach VA 23454-1367	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.86

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983954

Amount of Each Receipt this Period
100.00

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

Mailing Address 1521 Mirassou Ln

City Virginia Beach State VA Zip Code 23454-1373

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.86

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983955

Amount of Each Receipt this Period
100.00

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

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

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.86

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983956

Amount of Each Receipt this Period
100.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. DR Michael Ho		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983957	
City State Zip Code Norfolk VA 23502-4008		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, I		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) B. DR Lester Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1021 Downshire Chase		Transaction ID: 15983958	
City State Zip Code Virginia Beach VA 23452-6154		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) C. DR Yoonah Kim		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 917 Kings Cross		Transaction ID: 15983959	
City State Zip Code Virginia Beach VA 23452-6230		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 621.41	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. DR Susan McKenzie		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983961
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. DR Chan Nguyen		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983965
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) C. DR Hans Sachse		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 4200 Faigle Rd		Transaction ID: 15983966
City Portsmouth State VA Zip Code 23703-4811	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 600.00	

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

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

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

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

Full Name (Last, First, Middle Initial) A. DR Sarah Shaves		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		Transaction ID: 15983967	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.29		

Full Name (Last, First, Middle Initial) B. DR Lamar Smith		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		Transaction ID: 15983968	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86		

Full Name (Last, First, Middle Initial) C. DR Richard Thomas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 1037 Long Beeches Ave		Transaction ID: 15983969	
City Chesapeake	State VA	Zip Code 23320-0681	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Norfolk State VA Zip Code 23502-4008

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.86

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983971

Amount of Each Receipt this Period
100.00

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

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

City Norfolk State VA Zip Code 23502-4008

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.86

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983972

Amount of Each Receipt this Period
100.00

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

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

City Norfolk State VA Zip Code 23502-4008

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 596.43

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983973

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Robert Woolfitt		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 15983974
City Norfolk	State VA	
Zip Code 23502-4008	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.86	

Full Name (Last, First, Middle Initial) B. DR John Campbell		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1416 Watersedge Dr		Transaction ID: 15983975
City Virginia Beach	State VA	
Zip Code 23452-6222	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 66.67
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.02	

Full Name (Last, First, Middle Initial) C. DR Kirstin Fiona Davis		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1005 Caton Dr		Transaction ID: 15983983
City Virginia Beach	State VA	
Zip Code 23454-3162	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.83
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.27	

SUBTOTAL of Receipts This Page (optional)	237.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Donald La Vay		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 109 George Sandys		Transaction ID: 15983984
City State Zip Code Williamsburg VA 23185-8938	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. DR Phillip Luebbert		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 9528 25th Bay St		Transaction ID: 15983985
City State Zip Code Norfolk VA 23518-1812	Amount of Each Receipt this Period 70.83	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.98	

Full Name (Last, First, Middle Initial) C. DR Eveleen Oleinik		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 1021 Downshire Chase		Transaction ID: 15983986
City State Zip Code Virginia Beach VA 23452-6154	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.14	

SUBTOTAL of Receipts This Page (optional)	137.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Norfolk State VA Zip Code 23502-4008

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.31

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983987

Amount of Each Receipt this Period
66.67

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

Mailing Address 3864 Banyon Grove Ln Apt 301

City Virginia Beach State VA Zip Code 23462-7492

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.02

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983990

Amount of Each Receipt this Period
66.67

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

Mailing Address 3309 Chappell Pl

City Virginia Beach State VA Zip Code 23452-6290

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.41

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15983991

Amount of Each Receipt this Period
70.83

SUBTOTAL of Receipts This Page (optional)	▶	204.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Desencia Thomas		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 600 Sabal Palm Ln Apt 307		Transaction ID: 15983992
City State Zip Code Chesapeake VA 23320-1743	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.02	

Full Name (Last, First, Middle Initial) B. DR Diana Baker		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 335 Ambar Way		Transaction ID: 15983995
City State Zip Code Menlo Park CA 94025-5801	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging Medical As	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. DR Kelly Broderick		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 2840 Mariposa Dr		Transaction ID: 15983997
City State Zip Code Burlingame CA 94010-5735	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging, M.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	216.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR William James DeMartini		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 126 Terrace Ave		Transaction ID: 15984001
City State Zip Code Kentfield CA 94904-1531	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CA Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. DR Michael Hollett		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 817 Lathrop Dr		Transaction ID: 15984004
City State Zip Code Stanford CA 94305-1054	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. DR Brian Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 850 Chiltern Rd		Transaction ID: 15984005
City State Zip Code Hillsborough CA 94010-7028	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 1552 Los Montes Dr

City State Zip Code
Burlingame CA 94010-5964

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15984008

Amount of Each Receipt this Period
75.00

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

Mailing Address 503 Georgetown Ave

City State Zip Code
San Mateo CA 94402-2253

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15984009

Amount of Each Receipt this Period
75.00

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

Mailing Address 22 Balclutha Dr

City State Zip Code
Corte Madera CA 94925-1944

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15984012

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Dennis Orwig		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address X Ray Department PO Box 6102		Transaction ID: 15984013	
City State Zip Code Novato CA 94948-6102		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. DR Allen Oshita		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address California Pacific Medical Ctr PO Box 7999		Transaction ID: 15984014	
City State Zip Code San Francisco CA 94120-7999		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. DR Damon Sacco		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 105 Santa Rosa Ave		Transaction ID: 15984015	
City State Zip Code Sausalito CA 94965-2049		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR John Schrupf

Mailing Address 61 Chanticleer St

City State Zip Code
Larkspur CA 94939-1515

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 15984017

Amount of Each Receipt this Period
75.00

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

Mailing Address 815 Vista Rd

City State Zip Code
Hillsborough CA 94010-6965

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 15984018

Amount of Each Receipt this Period
75.00

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

Mailing Address 1040 Bridle Way

City State Zip Code
Hillsborough CA 94010-7406

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 15984019

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Sequoia Hospital
170 Alameda De Las Pulgas

City State Zip Code
Redwood City CA 94062-2751

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15984023

Amount of Each Receipt this Period
75.00

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

Mailing Address 15 Arcadia Pl

City State Zip Code
Hillsborough CA 94010-7010

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: 15984024

Amount of Each Receipt this Period
75.00

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

Mailing Address 6260 Fairlane Dr

City State Zip Code
Oakland CA 94611-1810

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

Name of Employer Bay Medical Consultants
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 16025270

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Jeffrey Dardinger

Mailing Address Radiology Assoc of Northern Kentuc
170 Barnwood Dr

City Edgewood State KY Zip Code 41017-2501

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

Name of Employer Radiology Associates of NO. KY Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: 16032424

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2471 Kremers Ln

City Villa Hills State KY Zip Code 41017-1164

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

Name of Employer Radiology Associates of N KY Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: 16033250

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
DR Irene Woo

Mailing Address 11 William Howard Dr

City Glen Mills State PA Zip Code 19342-1366

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

Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: 16141283

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Koreen Potts

Mailing Address 7277 Lakevale Dr

City State Zip Code
Newburgh IN 47630-1870

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

Name of Employer Occupation
Evansville Radiology, 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
07 / 24 / 2006

Transaction ID: 16141284

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR David Sullivan

Mailing Address 1421 Stonebriar Dr

City State Zip Code
Evansville IN 47725-1192

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

Name of Employer Occupation
Evansville Radiology, 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
07 / 24 / 2006

Transaction ID: 16141285

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Curtis C. Stautz

Mailing Address 6411 Belle Rive Drive

City State Zip Code
Newburgh IN 47630-1590

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

Name of Employer Occupation
Evansville Radiology, 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
07 / 24 / 2006

Transaction ID: 16141286

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Daniel Whitehead		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address Evansville Radiology 611 Harriet St Ste 103		Transaction ID: 16141287
City Evansville	State IN	Zip Code 47710-1781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Evansville Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Reynaldo N. Gonzales		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 611 Harriet St. Suite 201		Transaction ID: 16141316
City Evansville	State IN	Zip Code 47710-1781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Evansville Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DR Douglas Wester, JR		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 1407 Old Carriage Ln		Transaction ID: 16142430
City Huntsville	State AL	Zip Code 35802-2762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology Associates of Huntsville	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 195 Grogans Lake Point

City Atlanta State GA Zip Code 30350-3118

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

Name of Employer Diagnostic Imaging Specialists, P.A.. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 16142431

Amount of Each Receipt this Period
250.00

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

Mailing Address 200 Boulder Way

City East Greenwich State RI Zip Code 02818-5101

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 16142449

Amount of Each Receipt this Period
75.00

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

Mailing Address 3090 Yorktown Dr

City Tuscaloosa State AL Zip Code 35406-2713

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

Name of Employer The Radiology Clinic Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 16142451

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Bill Warren

Mailing Address UWMC
Box 357115

City State Zip Code
Seattle WA 98195-0001

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

Name of Employer Occupation
University of Washington Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142452

Amount of Each Receipt this Period
250.00

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

Mailing Address 1110 Laurel PI

City State Zip Code
Athens GA 30606-5789

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

Name of Employer Occupation
Athens Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1875.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142455

Amount of Each Receipt this Period
625.00

C. Full Name (Last, First, Middle Initial)
DR John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903

City State Zip Code
Wichita KS 67208-0903

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

Name of Employer Occupation
Wichita Radiological Group PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142456

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

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

Name of Employer Occupation
Coastal Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142541

Amount of Each Receipt this Period
100.00

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

Mailing Address 10009 Knowlwood Rd

City State Zip Code
Cheyenne WY 82009-8362

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

Name of Employer Occupation
Baylor College of Medicine Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142542

Amount of Each Receipt this Period
40.00

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

Mailing Address 9 Fieldstone Dr

City State Zip Code
Winchester MA 01890-3257

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

Name of Employer Occupation
Lahey Clinic Med Ctr Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142543

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Rajiv Sharma		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Charlotte Radiology 1701 East Blvd		Transaction ID: 16142544	
City State Zip Code Charlotte NC 28203-5823		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. DR Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16142547	
City State Zip Code Charlotte NC 28236-6937		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. DR Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 5624 Laurium Rd		Transaction ID: 16142548	
City State Zip Code Charlotte NC 28226-5610		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	129.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR David Marcantonio		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address Georgia West Imaging 119 Maple St Ste 205		Transaction ID: 16142549
City Carrollton	State GA	Zip Code 30117-3259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Georgia West Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. DR Stephen Agatston		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address 3206 Saint Johns Dr		Transaction ID: 16142551
City Dallas	State TX	Zip Code 75205-2919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. DR Kent Lancaster		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address Radiology Associates of Berrien 777 Riverview Dr Ste D208		Transaction ID: 16142552
City Benton Harbor	State MI	Zip Code 49022-5033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Radiology Associates of Berrie	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Lonnie Simmons		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address Gundersen Lutheran Clinic 1900 South Ave		Transaction ID: 16142553
City State Zip Code La Crosse WI 54601-5467	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) B. DR Terry Martin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 16142554
City State Zip Code Birmingham AL 35216-2152	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rad Assoc of Birmingham PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. DR Douglas Picton		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 1911 NC Highway 121		Transaction ID: 16142555
City State Zip Code Greenville NC 27834-7187	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

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

Name of Employer
Radiology Affiliates of Central NJ

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142556

Amount of Each Receipt this Period
40.00

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

Mailing Address 751 Lexington Dr

City State Zip Code
Greenville NC 27834-0508

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

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142557

Amount of Each Receipt this Period
40.00

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

Mailing Address 3219 Old Oak Walk

City State Zip Code
Greenville NC 27858-8441

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

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142559

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142560

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Roger Vitthalani

Mailing Address 516 Chesapeake PI

City State Zip Code
Greenville NC 27858-0678

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142568

Amount of Each Receipt this Period
40.00

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

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984

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

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142569

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code
Greenville NC 27858-8130

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142570

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142572

Amount of Each Receipt this Period
40.00

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

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

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

Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142573

Amount of Each Receipt this Period
42.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2921 Capitol Ave

City State Zip Code
Cheyenne WY 82001-2754

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

Name of Employer
Cheyenne Radiology and MR-I, P.C.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142574

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

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

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.02

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142575

Amount of Each Receipt this Period
83.34

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

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-0001

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

Name of Employer
Cleveland Clinic Foundati-on

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142576

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	163.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Jorge Albin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 645 Mulberry Ln		Transaction ID: 16142577	
City State Zip Code Bellaire TX 77401-3803		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation St Joseph Radiology Associates Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) B. DR Edward Black		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Charlotte Radiology PA PO Box 36937		Transaction ID: 16142578	
City State Zip Code Charlotte NC 28236-6937		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology PA Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. DR Joseph Lurito		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 16142579	
City State Zip Code Greenville NC 27834-2801		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Eastern Radiologists Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	133.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Terry Wallace		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16142580
City Charlotte	State NC	Zip Code 28236-6937
Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. DR William Way, JR		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 7713 Oakmont PI		Transaction ID: 16142581
City Raleigh	State NC	Zip Code 27615-5492
Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. DR Demetrius Morros		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 1045 Lake Colony Ln		Transaction ID: 16142582
City Birmingham	State AL	Zip Code 35242-7402
Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.68	

SUBTOTAL of Receipts This Page (optional) ▶	163.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2936 Grampian Dr

City State Zip Code
Gastonia NC 28054-6402

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

Name of Employer Occupation
Shelby Radiological Associates Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142584

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Steven Leibel

Mailing Address 19 Woodleaf Ave

City State Zip Code
Redwood City CA 94061-1823

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

Name of Employer Occupation
Stanford University Radiation Oncologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142585

Amount of Each Receipt this Period
40.00

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142586

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Dale Shaw		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 3601 Sharon Rd		Transaction ID: 16142587	
City State Zip Code Charlotte NC 28211-3325		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. DR Vittorio Antonacci		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 10609 Lederer Ave		Transaction ID: 16142594	
City State Zip Code Charlotte NC 28277-1493		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. DR Edward Kouri		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4030 Beresford Rd		Transaction ID: 16142595	
City State Zip Code Charlotte NC 28211-3808		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology PA Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Michael Lavelle		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 12103 Woodcliff Ln		Transaction ID: 16142596	
City State Zip Code Charlotte NC 28277-3033	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. DR Robert Mittl, JR		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4733 Coburn Court		Transaction ID: 16142597	
City State Zip Code Charlotte NC 28277-2593	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

Full Name (Last, First, Middle Initial) C. DR Leonard Zawodniak		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 1439 Garrett Dr		Transaction ID: 16142598	
City State Zip Code Wall Township NJ 07719-9648	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jersey Shore Radiology Assc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Joel Swartz

Mailing Address 1210 Page Ter

City Villanova State PA Zip Code 19085-2132

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

Name of Employer Self-Employed
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142602

Amount of Each Receipt this Period
40.00

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

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

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

Name of Employer Greenville Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142652

Amount of Each Receipt this Period
42.00

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

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Associates of Alabama
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142653

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 738 Lexington Dr

City State Zip Code
Greenville NC 27834-0507

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142654

Amount of Each Receipt this Period
40.00

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

Mailing Address 7109 Cove Pointe PI

City State Zip Code
Prospect KY 40059-9680

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142655

Amount of Each Receipt this Period
40.00

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142656

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Carl Eisenberg		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16142658	
City Charlotte	State NC	Amount of Each Receipt this Period 40.00	
Zip Code 28236-6937			
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. DR Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 3493 Siems Ct		Transaction ID: 16142659	
City Arden Hills	State MN	Amount of Each Receipt this Period 50.00	
Zip Code 55112-3639			
FEC ID number of contributing federal political committee. C			
Name of Employer St. Paul Radiology, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. DR Kerry Chandler		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4100 Mullcroft PI		Transaction ID: 16142660	
City Fuquay Varina	State NC	Amount of Each Receipt this Period 50.00	
Zip Code 27526-8658			
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Radiology Consultants	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Joel Wissing		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16142661
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DR Stuart Moses		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 14 Timber Dr		Transaction ID: 16142663
City State Zip Code North Caldwell NJ 07006-4406	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-employed Diagnostic Radiologist	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DR Robert Newman		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 913 Southview PI NE		Transaction ID: 16142667
City State Zip Code Lenoir NC 28645-3755	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Lenoir Radiology Diagnostic Radiologist	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Mary Pomeroy		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 16142668	
City State Zip Code Monroe NC 28110-8408	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

Full Name (Last, First, Middle Initial) B. DR Richard Redvanly		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4315 Gosford Pl		Transaction ID: 16142669	
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. DR Ross Bellavia		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 6730 Seton House Ln		Transaction ID: 16142670	
City State Zip Code Charlotte NC 28277-4519	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		Transaction ID: 16142675
City State Zip Code Pittsburgh PA 15206-3780	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Weinstein Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

Full Name (Last, First, Middle Initial) B. DR Deborah Agisim		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 5600 Laurium Rd		Transaction ID: 16142677
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. DR William Stuart Hartley		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 1625 Dilworth Rd W		Transaction ID: 16142678
City State Zip Code Charlotte NC 28203-5213	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) DR Alfred Mansour, JR		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 16142679	
City Alexandria State LA Zip Code 71301-3606	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 583.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) DR Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 2821 Argyle Rd		Transaction ID: 16142688	
City Birmingham State AL Zip Code 35213-3403	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 340.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) DR Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		Transaction ID: 16142690	
City San Antonio State TX Zip Code 78229-3901	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	251.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2763 Brownfield Way

City State Zip Code
Sumter SC 29150-2254

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142691

Amount of Each Receipt this Period
20.00

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

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 794.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142692

Amount of Each Receipt this Period
42.00

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

Mailing Address 500 E Worthington Ave

City State Zip Code
Charlotte NC 28203-5346

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142698

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	102.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 16142699

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
DR Babu Vemuri

Mailing Address 30645 Rosemond Dr

City State Zip Code
Franklin MI 48025-2134

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: 16147989

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Jeffrey Van Beek

Mailing Address W288N915 Basque Ct

City State Zip Code
Waukesha WI 53188-9496

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

Name of Employer Occupation
Univ of low Hospitals & Clinic Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: 16157378

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	657.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR William A. Coe		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 5306 Institute Ln		Transaction ID: 16157379
City State Zip Code Houston TX 77005-1820	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gulf Imaging Associates, P.A.	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. DR Richard Lindgren		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 6006 Greentree Rd		Transaction ID: 16157422
City State Zip Code Madison WI 53711-3126	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Wisconsin Foundation	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. DR Michael Durci		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address Schumpert Medical Center PO Box 44565		Transaction ID: 16157423
City State Zip Code Shreveport LA 71134-4565	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiation Oncology Associates	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1095.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR David Neumann		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 20 Pardons Wood Ln		Transaction ID: 16157426
City State Zip Code East Greenwich RI 02818-1446	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer RI Med Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR Rudy VanHemert		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 74 Sologne Cir		Transaction ID: 16157487
City State Zip Code Little Rock AR 72223-8914	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Donald Breit		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 7510 Stevens Ridge Rd		Transaction ID: 16157489
City State Zip Code Lincoln NE 68516-3773	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lincoln Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2465 Avenida de la Playa

City State Zip Code
La Jolla CA 92037-3204

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

Name of Employer
La Jolla Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 16157572

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1802 Viking Way

City State Zip Code
La Jolla CA 92037-3354

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

Name of Employer
La Jolla Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 16157573

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR Joseph Wroblicka

Mailing Address 177 D Ave

City State Zip Code
Coronado CA 92118-1316

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

Name of Employer
La Jolla Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 16157574

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR William Ladd		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 3366 Valemont St		Transaction ID: 16157575	
City State Zip Code San Diego CA 92106-2431		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer La Jolla Radiology Medical Group		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DR Kris Van Lom		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address La Jolla Rad Med Grp Dia Inc 10150 Sorrento Valley Rd Ste 320		Transaction ID: 16157576	
City State Zip Code San Diego CA 92121-1614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer La Jolla Radiology Medical Group		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DR Patricia Randall		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 4968 Ravine Rd		Transaction ID: 16160780	
City State Zip Code Fayetteville NY 13066-2400		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Semi-Retired		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DR H Kim Mailing Address 4701 Connecticut Ave NW Apt 406 City Washington State DC Zip Code 20008-5625 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006 Transaction ID: 16160781 Amount of Each Receipt this Period 250.00
Name of Employer Suburban Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) DR Scott Blumenfeld Mailing Address 708 Waltham Ct City El Paso State TX Zip Code 79922-2128 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006 Transaction ID: 16160783 Amount of Each Receipt this Period 365.00
Name of Employer Providence Imaging Consultants, P.A. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

C. Full Name (Last, First, Middle Initial) DR David Royal Mailing Address Walnut Bottom Radiology 850 Walnut Bottom Rd City Carlisle State PA Zip Code 17013-3632 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006 Transaction ID: 16161030 Amount of Each Receipt this Period 500.00
Name of Employer Walnut Bottom Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Shane Kraske		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1165 Wild Prairie Dr		Transaction ID: 16170966	
City State Zip Code Iowa City IA 52246-8707		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiologic Medical Services, Coralvill		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. DR William Powlis		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address Crozer Chester Medical Center 1 Medical Center Blvd		Transaction ID: 16170967	
City State Zip Code Chester PA 19013-3902		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Southeast Radiology Ltd.		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. DR J Keith Thompson		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 10333 Buckwood Ln		Transaction ID: 16170968	
City State Zip Code Mechanicsville VA 23116-4846		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Richmond Inc		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16170971
City Charlotte	State NC	Zip Code 28236-6937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. DR Susan Mulligan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 2000 Country Ridge Cir		Transaction ID: 16170973
City Birmingham	State AL	Zip Code 35243-4305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Radiology Associates of Birmingham	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. DR Gary Rike		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 4492 Richmond Hill Dr		Transaction ID: 16170974
City Murrells Inlet	State SC	Zip Code 29576-6814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Jugesh Cheema		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 55 Wellington Dr		Transaction ID: 16170977
City State Zip Code Orange CT 06477-3035	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. DR John Rogers		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006
Mailing Address 802 West Gap Creek Road		Transaction ID: 16186653
City State Zip Code Greer SC 29651-5065	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional) ▶	82.00
TOTAL This Period (last page this line number only) ▶	30457.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 73	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address PO Box 13750

City Philadelphia State PA Zip Code 19101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6587.35

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 16474423

Amount of Each Receipt this Period
1148.22

Interest

SUBTOTAL of Receipts This Page (optional)	▶	1148.22
TOTAL This Period (last page this line number only)	▶	1148.22

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 64 / 73

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

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

Full Name (Last, First, Middle Initial) A. Pickering For Congress		Transaction ID: 14036831 Date of Disbursement 07 / 07 / 2006
Mailing Address P.O. Box 4297		Amount of Each Disbursement this Period 1000.00
City Brandon	State MS	
Zip Code 39047		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Charles W. Pickering, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 3		

Full Name (Last, First, Middle Initial) B. Charles A Gonzalez Congressional Campaign		Transaction ID: 15122298 Date of Disbursement 07 / 07 / 2006
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 2000.00
City San Antonio	State TX	
Zip Code 78212		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20		

Full Name (Last, First, Middle Initial) C. Citizens For Harkin		Transaction ID: 15658808 Date of Disbursement 07 / 10 / 2006
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress		Transaction ID: 15660993 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 2500.00
City Elizabethtown State KY Zip Code 42702	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lonestarpac		Transaction ID: 15939099 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO Box 1000 Highway 259 South		Amount of Each Disbursement this Period 5000.00
City Lone Star State TX Zip Code 75668	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mchenry For Congress		Transaction ID: 15939454 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory State NC Zip Code 28601	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Patrick McHenry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Chafee For Senate		Transaction ID: 15939369 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02887	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Gordon Smith		Transaction ID: 15938538 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Progressive Choices Pac		Transaction ID: 15939305 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 58		Amount of Each Disbursement this Period 1000.00
City Evanston State IL Zip Code 60204	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Transaction ID: 15948678 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00
City State Zip Code Fremont CA 94537	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Fortney Peter Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boyd For Congress		Transaction ID: 15939203 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1500.00
City State Zip Code Tallahassee FL 32317	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. F Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Lois Capps		Transaction ID: 15938873 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City State Zip Code Santa Barbara CA 93121	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mchenry For Congress		Transaction ID: 15938728 Date of Disbursement 07 / 19 / 2006
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory	State NC	
Zip Code 28601		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Patrick McHenry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 10		

Full Name (Last, First, Middle Initial) B. Ben Cardin For Senate		Transaction ID: 15938374 Date of Disbursement 07 / 20 / 2006
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 1000.00
City Baltimore	State MD	
Zip Code 21209		
Purpose of Disbursement 011 Category/Type		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ed Bryant for U S Senate Inc		Transaction ID: 15982315 Date of Disbursement 07 / 21 / 2006
Mailing Address 5763 Summer Trees Drive PO Box 3115		Amount of Each Disbursement this Period 1500.00
City Memphis	State TN	
Zip Code 38134		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ed Bryant		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Carolyn Mccarthy		Transaction ID: 15938554 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 2000.00
City Mineola State NY Zip Code 11501	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Carolyn McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Schakowsky For Congress		Transaction ID: 15982346 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 5130		Amount of Each Disbursement this Period 2000.00
City Evanston State IL Zip Code 60204	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Janice D. Schakowsky		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Bart Gordon Committee		Transaction ID: 15938671 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Anna Eshoo For Congress		Transaction ID: 15938990	
Mailing Address 555 Capitol Mall Suite 1425		Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Anna G. Eshoo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 14		

Full Name (Last, First, Middle Initial) B. Reynolds For Congress		Transaction ID: 16141177	
Mailing Address PO Box 15388 Pittsford		Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
City Rochester	State NY	Zip Code 14615	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Thomas M. Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 26		

Full Name (Last, First, Middle Initial) C. Reynolds For Congress		Transaction ID: 16141179	
Mailing Address PO Box 15388 Pittsford		Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
City Rochester	State NY	Zip Code 14615	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Thomas M. Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 26		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cantor For Congress		Transaction ID: 16139589 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rick Renzi For Congress		Transaction ID: 15939458 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 1000.00
City Prescott State AZ Zip Code 86302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Rick Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlie Dent For Congress		Transaction ID: 16141151 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1500.00
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Becerra For Congress		Transaction ID: 16141165 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 1000.00	
City Los Angeles	State CA	Zip Code 90026	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Xavier Becerra		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 31		

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

37000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 16483586

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

936.50

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

936.50

TOTAL This Period (last page this line number only)

936.50