

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 142  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Marc Weinstein

Mailing Address 8379 E Tailfeather Dr

City State Zip Code  
Scottsdale AZ 85255-6459

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

Name of Employer Occupation  
EVDI Medical Imaging Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

**Transaction ID:** 30668328

Amount of Each Receipt this Period  
195.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. M Jones

Mailing Address 770 Pine St Ste 290

City State Zip Code  
Macon GA 31201-7516

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

Name of Employer Occupation  
Radiology Associates of Macon Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

**Transaction ID:** 30669419

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 7 Kinkaid Ave

City State Zip Code  
Closter NJ 07624-2908

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.36

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** 30774793

Amount of Each Receipt this Period  
76.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► **771.92**

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