

# 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 05 01 2008 through 05 31 2008

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 06 16 2008

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American College of Radiology Association

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		398231.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	301829.27									
(c) Total Receipts (from Line 19) .....	152242.05	506317.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	454071.32	904548.60								
7. Total Disbursements (from Line 31) .....	66442.46	516919.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	387628.86	387628.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American College of Radiology Association

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	128775.51	431773.94
(i) Itemized (use Schedule A) .....	22946.92	70996.39
(ii) Unitemized .....	151722.43	502770.33
(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) .....	151722.43	502770.33
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.) .....	519.62	3546.88
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)) .....	152242.05	506317.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	152242.05	506317.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	508500.00
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.....	4442.46	8419.74
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))..	66442.46	516919.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66442.46	516919.74

**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 .....	151722.43	502770.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	151722.43	502770.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lee Hoagland

Mailing Address 6488 Pebble Pointe Ct

City State Zip Code  
Newburgh IN 47630-9818

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  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** 24561085

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Tracy Yanke

Mailing Address 11965 E Calle De Valle

City State Zip Code  
Scottsdale AZ 85255-6905

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

Name of Employer Occupation  
Rush-Presbyterian St Luke's Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** 24561384

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Geoffrey Ibbott

Mailing Address MD Anderson Cancer Center  
7515 S Main St Ste 300

City State Zip Code  
Houston TX 77030-4551

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

Name of Employer Occupation  
UT MD Anderson Cancer Center Physicist

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

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2008

**Transaction ID:** 24689428

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
Bethesda MD 20817-4941

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Drs Grover, Christie & Merritt Diagnostic Radiologist

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

Date of Receipt  
05 / 14 / 2008  
**Transaction ID:** 24699553  
 Amount of Each Receipt this Period  
40.00

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

Mailing Address 538 E 84th St Apt 4E

City State Zip Code  
New York NY 10028-7357

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

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

Date of Receipt  
05 / 14 / 2008  
**Transaction ID:** 24699554  
 Amount of Each Receipt this Period  
38.46

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

Mailing Address 505 Ivy Lane

City State Zip Code  
Wyckoff NJ 07481-1072

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

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

Date of Receipt  
05 / 14 / 2008  
**Transaction ID:** 24699556  
 Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... 116.92

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 122  
(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. Patrick Toth		Date of Receipt MM / DD / YYYY 05 / 14 / 2008
Mailing Address 201 E 80th St Apt 8F		<b>Transaction ID:</b> 24699558
City New York	State NY	Zip Code 10021-0515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

**B.**

Full Name (Last, First, Middle Initial) Dr. Rita S. Patel		Date of Receipt MM / DD / YYYY 05 / 14 / 2008
Mailing Address 3 Ware Rd		<b>Transaction ID:</b> 24699559
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

**C.**

Full Name (Last, First, Middle Initial) Dr. Mitchell Miller		Date of Receipt MM / DD / YYYY 05 / 14 / 2008
Mailing Address 2 Constitution Ct Apt 1009		<b>Transaction ID:</b> 24699670
City Hoboken	State NJ	Zip Code 07030-6730
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 47-30 Vernon Blvd Unit 1R

City State Zip Code  
Long Island City NY 11101-5546

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24699672

Amount of Each Receipt this Period  
38.46

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

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code  
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24699673

Amount of Each Receipt this Period  
38.46

**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 Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24699674

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 122  
(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. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code  
New York NY 10023-4132

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

Transaction ID: 24699676

Amount of Each Receipt this Period  
38.46

**B.**

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

Mailing Address 18 Baldwin Rd

City State Zip Code  
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

Transaction ID: 24699748

Amount of Each Receipt this Period  
38.46

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City State Zip Code  
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

Transaction ID: 24699749

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 122  
(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. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 05 / 14 / 2008  
Transaction ID: 24699750  
Amount of Each Receipt this Period: 38.46

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

Mailing Address 140 Chestnut St

City State Zip Code  
Englewood NJ 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 05 / 14 / 2008  
Transaction ID: 24699752  
Amount of Each Receipt this Period: 38.46

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

Mailing Address 10 Lexington Ct

City State Zip Code  
Englewood NJ 07631-3081

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 05 / 14 / 2008  
Transaction ID: 24699753  
Amount of Each Receipt this Period: 38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.38

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 122  
(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. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code  
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24699813

Amount of Each Receipt this Period  
38.46

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City State Zip Code  
Panama City FL 32401-3920

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700029

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City State Zip Code  
Panama City FL 32404-5794

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700030

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **438.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 122

(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 Presser

Mailing Address 706 Bunkers Cove Rd

City State Zip Code  
Panama City FL 32401-3920

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: 24700031

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA  
PO Box 1770

City State Zip Code  
Panama City FL 32402-1770

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: 24700499

Amount of Each Receipt this Period

200.00

**C.**

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

Mailing Address 2818 Canal Dr

City State Zip Code  
Panama City FL 32405-1610

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

Name of Employer Occupation  
Bay Radiology Associates Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: 24700500

Amount of Each Receipt this Period

200.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 122  
(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. Jaydip Datta

Mailing Address 5790 Long Grove Dr

City Atlanta State GA Zip Code 30328-6208

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700797  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Martin Silbiger, JR

Mailing Address 1335 Draycott PI NW

City Atlanta State GA Zip Code 30327-1863

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700798  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kevin Early

Mailing Address 845 Spring St Unit 530

City Atlanta State GA Zip Code 30308-1050

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700799  
 Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 418 Spring House Cv NE

City Atlanta State GA Zip Code 30307-1187

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008  
Transaction ID: 24700800  
Amount of Each Receipt this Period 500.00

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

Mailing Address 44 Peachtree PI NE Unit 1924

City Atlanta State GA Zip Code 30309-5406

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008  
Transaction ID: 24700809  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Smith

Mailing Address 7810 Bamby Rd

City Cumming State GA Zip Code 30041-8100

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

Name of Employer Quantum Radiology, N.W. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008  
Transaction ID: 24700811  
Amount of Each Receipt this Period 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alan Zuckerman

Mailing Address 798 Birds MI SE

City State Zip Code  
Marietta GA 30067-5135

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700812

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sarah Bochar

Mailing Address 2930 Margaret Mitchell Ct NW

City State Zip Code  
Atlanta GA 30327-1612

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700813

Amount of Each Receipt this Period  
500.00

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

Mailing Address Quantum Radiology  
598 Nancy St Ste 100

City State Zip Code  
Marietta GA 30060-1375

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700815

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 122  
(check only one)

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

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

Mailing Address 662 Gunby Rd SE

City Marietta State GA Zip Code 30067-5132

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700817  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 860 Peachtree St NE Unit 1217

City Atlanta State GA Zip Code 30308-1273

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700818  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. M T. Ward

Mailing Address 1044 Woodruff Plantation Pkwy SE

City Marietta State GA Zip Code 30067-9106

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

Name of Employer Quantum Radiology Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2008  
**Transaction ID:** 24700819  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 122  
(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
							17

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

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

Mailing Address 581 Bouldercrest Dr SW

City State Zip Code  
Marietta GA 30064-3356

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

Name of Employer Occupation  
Quantum Radiology Northwest Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700827

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1108 Hazeltine Ln NW

City State Zip Code  
Kennesaw GA 30152-4742

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700828

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Glenn Kerwin

Mailing Address 470 Lakeshore Dr NE

City State Zip Code  
Atlanta GA 30307-1748

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

Name of Employer Occupation  
Quantum Radiology Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700829

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 122
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Wetherly		Date of Receipt MM / DD / YYYY 05 / 14 / 2008		
	Mailing Address 2074 Kinsmon Dr		Transaction ID: 24700830		
	City Marietta	State GA	Zip Code 30062-8135	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Quantum Radiology	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Scott Miller		Date of Receipt MM / DD / YYYY 05 / 14 / 2008		
	Mailing Address Major Hospital 150 W Washington St		Transaction ID: 24700833		
	City Shelbyville	State IN	Zip Code 46176-1265	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer X-Ray Physicians of Shelbyville	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>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Miller		Date of Receipt MM / DD / YYYY 05 / 14 / 2008		
	Mailing Address 905 Western Ave		Transaction ID: 24700834		
	City Hammond	State LA	Zip Code 70401-1744	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 122  
(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. J Daniel Jones, III

Mailing Address 2515 Nela Avenue

City State Zip Code  
Orlando FL 32809-6170

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

Name of Employer Occupation  
Orlando Regional Med Center Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** 24700836

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City State Zip Code  
Jamestown NC 27282-8444

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

Name of Employer Occupation  
High Point Radiological Services Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** 24704420

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 728 134th St SW Ste 120

City State Zip Code  
Everett WA 98204-5322

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** 24704421

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 122
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Sloves	Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address Vista Diagnostic Center 25 McCabe Dr	<b>Transaction ID:</b> 24704445
	City State Zip Code Reno NV 89511-5991	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Holy Cross Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Lohnes, JR	Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address Wichita Radiological Group PA PO Box 8903	<b>Transaction ID:</b> 24704446
	City State Zip Code Wichita KS 67208-0903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Wichita Radiological Group PA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Fife	Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address 256 NW Pacific Grove Dr	<b>Transaction ID:</b> 24704447
	City State Zip Code Beaverton OR 97006-8352	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer LAC/USC Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 22 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code  
Bettendorf IA 52722-6202

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

Name of Employer: Radiology Group PC SC   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 15 / 2008  
Transaction ID: 24704449  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 5624 Laurium Rd

City State Zip Code  
Charlotte NC 28226-5610

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

Name of Employer: Charlotte Radiology   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 15 / 2008  
Transaction ID: 24704474  
Amount of Each Receipt this Period: 45.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Jaindel

Mailing Address 939 Quarter Round Road

City State Zip Code  
Pacolet SC 29372-3516

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

Name of Employer: Greenville Radiology, P.A.   Occupation: Diagnostic Radiologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 15 / 2008  
Transaction ID: 24704481  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 395.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 122
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Agatston		Date of Receipt
	Mailing Address 3206 Saint Johns Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Dallas	TX	75205-2919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 24704482
Name of Employer Self-employed		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons		Date of Receipt
	Mailing Address Gundersen Lutheran Clinic 1900 South Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 5 / 2 0 0 8
	City	State	Zip Code
	La Crosse	WI	54601-5494
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 24704483
Name of Employer Gundersen Lutheran Clinic		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 208.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt
	Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Birmingham	AL	35216-2152
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 24704486
Name of Employer Rad Assoc of Birmingham PC		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 191.67
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 122

(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. Kent Lancaster

Mailing Address Radiology Associates of Berrien  
416 State St Ste A

City State Zip Code  
Saint Joseph MI 49085-1250

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

Name of Employer Radiology Associates of Berrie  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 24704488

Amount of Each Receipt this Period

42.00

**B.**

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

Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code  
Newburgh IN 47630-8168

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

Name of Employer Medical Center of Delaware  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 24704489

Amount of Each Receipt this Period

60.00

**C.**

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

Mailing Address 645 Mulberry Ln

City State Zip Code  
Bellaire TX 77401-3803

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

Name of Employer St Joseph Radiology Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 24704491

Amount of Each Receipt this Period

41.67

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

143.67

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

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

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

FOR LINE NUMBER: PAGE 25 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Eastern Radiologists  
9 Doctors Park

City Greenville State NC Zip Code 27834-2801

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2008

Transaction ID: 24704492

Amount of Each Receipt this Period 50.00

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

Mailing Address 52 Harwich Rd

City Chestnut Hill State MA Zip Code 02467-3023

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

Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 15 / 2008

Transaction ID: 24704493

Amount of Each Receipt this Period 41.67

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

Mailing Address 7418 Ridgcrest Court Rd

City Birmingham State AL Zip Code 35242-0525

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

Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 15 / 2008

Transaction ID: 24704494

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.01

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 122  
(check only one)

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

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

**A.**

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

Mailing Address 14 Ryedale Ct

City Greenville State SC Zip Code 29615-6037

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

Name of Employer Greenville Radiology Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 15 / 2008

**Transaction ID: 24704498**

Amount of Each Receipt this Period 41.67

**B.**

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

Mailing Address 4733 Coburn Court

City Charlotte State NC Zip Code 28277-2593

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 ▼ 210.00

Date of Receipt 05 / 15 / 2008

**Transaction ID: 24704502**

Amount of Each Receipt this Period 42.00

**C.**

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 ▼ 250.00

Date of Receipt 05 / 15 / 2008

**Transaction ID: 24704504**

Amount of Each Receipt this Period 50.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 122  
(check only one)

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

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

**A.**

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

Mailing Address 33 Edgehill Rd

City State Zip Code  
Little Rock AR 72207-5461

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

Name of Employer  
Radiology Associates P.A.

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711348

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1755 Orchid Ct

City State Zip Code  
Highland Park IL 60035-5521

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

Name of Employer  
Medical Imaging of Northbrook County

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711349

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 210 Nassau Rd

City State Zip Code  
Huntington NY 11743-4347

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

Name of Employer  
Long Island Jewish Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711350

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Wilson Wong

Mailing Address 1419 San Carlos Rd

City State Zip Code  
Arcadia CA 91006-2140

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

Name of Employer Occupation  
Arcadia Radiology Medical Group Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711352

Amount of Each Receipt this Period  
365.00

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

Mailing Address Mercy Health System  
1500 Lansdowne Ave

City State Zip Code  
Darby PA 19023-1200

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

Name of Employer Occupation  
Mercy Health System Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711356

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Keith Fischer

Mailing Address 1 Lenox Pl

City State Zip Code  
Saint Louis MO 63108-1901

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

Name of Employer Occupation  
Washington University Medical Center Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711359

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **715.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 122  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. William G. Bradley, JR

Mailing Address Univ of CA-San Diego Med Ctr  
402 Dickinson St Ste 454

City San Diego State CA Zip Code 92103-6902

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

Name of Employer University of California San Diego Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711362  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jonathan Luchs

Mailing Address 151 Bristol Dr

City Woodbury State NY Zip Code 11797-3114

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

Name of Employer Winthrop-University Hospital Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711367  
Amount of Each Receipt this Period 265.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel Marder

Mailing Address Washington Radiology Assoc  
2141 K St NW Ste 900

City Washington State DC Zip Code 20037-1810

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

Name of Employer Washington Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711368  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1630.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 122  
(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. Loralie Ma

Mailing Address 11605 Mirror Pond Ct

City State Zip Code  
Fulton MD 20759-2305

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

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

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

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711369

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Edward Elliott

Mailing Address 4070 S Lake Ct

City State Zip Code  
Decatur IL 62521-8438

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

Name of Employer Occupation  
Decatur Memorial Hospital Radiation Oncologist

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

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711370

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Lawrence Davis

Mailing Address Long Island Jewish Med Ctr  
27005 76th Ave 2nd Fl

City State Zip Code  
New Hyde Park NY 11040-1496

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

Name of Employer Occupation  
Harper Hospital Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711371

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 122

(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. Carl Kabhen

Mailing Address 5728 Butler Ln

City State Zip Code  
Long Grove IL 60047-8243

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

Name of Employer Occupation  
Northwest Radiology Assoc- Diagnostic Radiologist  
iates

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711372

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Goldman

Mailing Address North Shore University Hosp  
300 Community Dr

City State Zip Code  
Manhasset NY 11030-3876

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

Name of Employer Occupation  
North Shore University Ho- Diagnostic Radiologist  
sp

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711374

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rona Woldenberg

Mailing Address 6 Cove Ln

City State Zip Code  
Great Neck NY 11024-1723

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

Name of Employer Occupation  
North Shore University Ho- Diagnostic Radiologist  
sp

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711375

Amount of Each Receipt this Period

365.00

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

1115.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 122  
(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. Nicholas Carlevato

Mailing Address Great Basin Imaging  
2874 N Carson St Ste 300

City Carson City State NV Zip Code 89702-2830

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

Name of Employer Tahoe Carson Radiology 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  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711376

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stanley Ignatow

Mailing Address 546 Woodbrook Ln

City Cincinnati State OH Zip Code 45215-2513

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

Name of Employer Professional Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711377

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jonathan Medverd

Mailing Address VA Puget Sound Health Care System  
1600 S Columbian Way Ste S113Rad

City Seattle State WA Zip Code 98108-1565

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

Name of Employer Radiology Consultants of WA Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711378

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 122  
(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. Kevin Bannon

Mailing Address 1759 Creek View Dr

City State Zip Code  
Fogelsville PA 18051-1716

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

Name of Employer Medical Imaging of Lehigh Valley  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711379

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Patricia Martin

Mailing Address 1759 Creek View Dr

City State Zip Code  
Fogelsville PA 18051-1716

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

Name of Employer Med Imaging of Lehigh Valley  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711380

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address Mori Bean and Brooks Radiology  
3599 University Blvd Ste 300

City State Zip Code  
Jacksonville FL 32216-4245

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

Name of Employer Mori Bean Brooks Radiology, P.A.  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711383

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 122  
(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. Victor Scarmato

Mailing Address 14 Valley Rd

City State Zip Code  
Glen Cove NY 11542-1314

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

Name of Employer Nassau University Medical Center  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711384

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Loretta Lawrence

Mailing Address 62 Rockcrest Rd

City State Zip Code  
Manhasset NY 11030-3417

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

Name of Employer North Shore University Hospital  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711385

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Yogesh Patel

Mailing Address 7563 Pear Tree Ln

City State Zip Code  
Sylvania OH 43560-4407

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

Name of Employer Consulting Radiologists Corp.  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711387

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 122  
(check only one)

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

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

**A.**

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

Mailing Address 2020 Canal Rd

City State Zip Code  
Virginia Beach VA 23451-1615

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

Name of Employer  
Medical Center Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711388

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Hartung

Mailing Address Radiology Group Imaging Ctr, LLC  
1970 E 53rd St

City State Zip Code  
Davenport IA 52807-2710

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

Name of Employer  
Radiology Group, PC, SC

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711389

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Braun

Mailing Address 8022 N Gray Log Ln

City State Zip Code  
Fox Point WI 53217-2953

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

Name of Employer  
Wisconsin Radiology Specialist

Occupation  
Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711390

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1865.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Clayton Trimmer

Mailing Address 2005 Cottonwood Valley Cir S

City Irving State TX Zip Code 75038-5928

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

Name of Employer University of Texas South-west Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711391  
Amount of Each Receipt this Period 365.00

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

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 749.60

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711392  
Amount of Each Receipt this Period 365.00

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

Mailing Address 1131 Country Hills Dr

City Santa Ana State CA Zip Code 92705-2386

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

Name of Employer MRD, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711393  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 122  
(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. Scott Miller		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address Major Hospital 150 W Washington St		Transaction ID: 24711395
City Shelbyville	State IN	Zip Code 46176-1265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer X-Ray Physicians of Shelbyville	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Rojanandham Samudrala		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address St Johns Hospital 22101 Moross Rd		Transaction ID: 24711396
City Detroit	State MI	Zip Code 48236-2148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.00
Name of Employer St John Hospital and Med Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Dallas Lovelace, III		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address Regional Medical Ctr 3000 Saint Matthews Rd		Transaction ID: 24711402
City Orangeburg	State SC	Zip Code 29118-1442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Radiology Associates, PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1066.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 122

(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)  
Mr. Gerald White, JR

Mailing Address 1411 N Weber St

City State Zip Code  
Colorado Springs CO 80907-7515

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

Name of Employer Occupation  
Colorado Associates in Me- d. Physics Physicist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711404

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Korona, JR

Mailing Address 118 Laurel Crossing

City State Zip Code  
Huntington WV 25705-2659

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

Name of Employer Occupation  
Radiology Inc. 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  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711405

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gail Morgan

Mailing Address 1511 40th Ave

City State Zip Code  
Seattle WA 98122-3509

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

Name of Employer Occupation  
Virginia Mason Medical Ce- nter 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  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711406

Amount of Each Receipt this Period

500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 122

(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. Dennis Kay

Mailing Address Ochsner Medical Center  
1514 Jefferson Hwy

City State Zip Code  
New Orleans LA 70121-2429

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

Name of Employer Occupation  
Ochsner Clinic Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711408

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Smith

Mailing Address North Oaks Med Ctr  
15790 Paul Vega MD Dr

City State Zip Code  
Hammond LA 70403-1434

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

Name of Employer Occupation  
Gulf Coast Interventional Rad 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  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711409

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Joshua Hirsch

Mailing Address 1 Longfellow PI Apt 3407

City State Zip Code  
Boston MA 02114-2432

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

Name of Employer Occupation  
Lahey Clinic Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

Transaction ID: 24711411

Amount of Each Receipt this Period

250.00

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

1615.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 122  
(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. John Renz		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address Mobile Infirmary Medical Center PO Box 2144		Transaction ID: 24711412
City Mobile	State AL	Zip Code 36652-2144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mobile Infirmary Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey Kugel		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address 127 Ocean Ave		Transaction ID: 24711413
City Sorrento	State ME	Zip Code 04677-3301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spectrum Medical 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	

**C.**

Full Name (Last, First, Middle Initial) Dr. Matthew Pollack		Date of Receipt MM / DD / YYYY 05 / 18 / 2008
Mailing Address 3780 Tiffany Dr		Transaction ID: 24711414
City Easton	State PA	Zip Code 18045-3041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Warren Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 122  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Irving Ehrlich

Mailing Address 1727 Cleveland Ave

City State Zip Code  
Wyomissing PA 19610-2311

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

Name of Employer Occupation  
JIT Winston Radiology Associates Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711415

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Timothy Murphy

Mailing Address 60 Intervale Rd

City State Zip Code  
Providence RI 02906-4842

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

Name of Employer Occupation  
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711416

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Randall S. Winn

Mailing Address Reading Hospital & Med Ctr  
PO Box 16052

City State Zip Code  
Reading PA 19612-6052

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

Name of Employer Occupation  
West Reading Radiology Assoc Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2008

**Transaction ID:** 24711417

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Karsten Konerding  
Mailing Address 205 Cyril Ln  
City Richmond State VA Zip Code 23229-7740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Commonwealth Radiology, P.C. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711418  
Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Yudd  
Mailing Address 12 Fairhill Rd  
City Westfield State NJ Zip Code 07090-4202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiology Grp of New Brunswick Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711419  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Suzanne Smith  
Mailing Address 150 W 56th St Apt 6901  
City New York State NY Zip Code 10019-3829  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia University Medical Center Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 18 / 2008  
Transaction ID: 24711420  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 54 Castlebar Rd

City State Zip Code  
Rochester NY 14610-2814

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

Name of Employer Occupation  
Univ of Rochester Med Ctr Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 8

**Transaction ID:** 24711422

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Perry Pernicano

Mailing Address 5146 Birkdale Dr

City State Zip Code  
Ann Arbor MI 48103-9731

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

Name of Employer Occupation  
University of Michigan Ho-sp 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  
0 5 / 1 8 / 2 0 0 8

**Transaction ID:** 24711425

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3995 Kakatosi Ln

City State Zip Code  
Colorado Springs CO 80908-3239

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

Name of Employer Occupation  
Colorado Springs Radiologists Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

**Transaction ID:** 24711794

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bonnie Litvack

Mailing Address 5 Buttonhook Rd

City State Zip Code  
Chappaqua NY 10514-1200

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

Name of Employer Occupation  
Rye Radiology Associates Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711796

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gerald Mulligan

Mailing Address Marshfield Clinic  
1000 N Oak Ave

City State Zip Code  
Marshfield WI 54449-5702

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

Name of Employer Occupation  
Marshfield Clinic Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711797

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Bridgeport Hospital  
267 Grant St

City State Zip Code  
Bridgeport CT 06610-2870

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

Name of Employer Occupation  
Advanced Radiology Consultants Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711798

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1730.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 122

(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. John Patti

Mailing Address 11 Willard Ln

City State Zip Code  
Lynnfield MA 01940-1735

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

Name of Employer Occupation  
John A. Patti, M.D., Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711799

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harry Knipp

Mailing Address 603 Earlton Ct

City State Zip Code  
Reisterstown MD 21136-4602

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

Name of Employer Occupation  
Advanced Radiology PA 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711800

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. R Terrell Frey

Mailing Address 8700 Deep Run Ln

City State Zip Code  
Cincinnati OH 45243-1164

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

Name of Employer Occupation  
Medical X-Ray, Inc. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711801

Amount of Each Receipt this Period

1000.00

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

3750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 122

(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. James Fritz Schmutz

Mailing Address 2964 Balboa Dr

City State Zip Code  
Idaho Falls ID 83404-7498

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

Name of Employer Occupation  
Medical Imaging Associates Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711802

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Fleishon

Mailing Address 3690 E Camino Sin Nombre

City State Zip Code  
Paradise Valley AZ 85253-5011

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

Name of Employer Occupation  
Valley Radiologists LTD Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711824

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Venkata Devineni

Mailing Address De Paul Cancer Care  
12303 De Paul Dr

City State Zip Code  
St Louis MO 63044-2588

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

Name of Employer Occupation  
Self-Employed Radiation Oncologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711825

Amount of Each Receipt this Period

1000.00

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

2250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 122

(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. Robert Tarver

Mailing Address 4575 S 800 W

City State Zip Code  
New Palestine IN 46163-9172

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

Name of Employer Occupation  
Indiana Univ. School of Diagnostic Radiologist  
Medicine

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711826

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Luchs

Mailing Address 151 Bristol Dr

City State Zip Code  
Woodbury NY 11797-3114

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

Name of Employer Occupation  
Winthrop-University Hospi- Diagnostic Radiologist  
tal

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711830

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christoph Wald

Mailing Address 2 Swallow Cave Rd

City State Zip Code  
Nahant MA 01908-1617

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

Name of Employer Occupation  
Lahey 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24711832

Amount of Each Receipt this Period

365.00

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

715.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William Thorwarth, JR

Mailing Address Catawba Radiological Assoc  
PO Box 308

City State Zip Code  
Hickory NC 28603-0308

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

Name of Employer Occupation  
Catawba Radiological Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711834

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bennett Greenspan

Mailing Address Nuclear Medicine - Box 8223  
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 Occupation  
Univ of MO Med Ctr Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711842

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 128 Killarney

City State Zip Code  
Williamsburg VA 23188-8415

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

Name of Employer Occupation  
Quantum Imaging & Therapeutic Associat Diagnostic Radiologist

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

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711856

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Barry D. Pressman

Mailing Address Cedars-Sinai Medical Center  
8700 Beverly Blvd Rm M313

City Los Angeles State CA Zip Code 90048-1869

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

Name of Employer Cedars-Sinai Medical Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 19 / 2008  
Transaction ID: 24711859  
Amount of Each Receipt this Period 2500.00

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

Mailing Address 5001 88th Ave SE

City Mercer Island State WA Zip Code 98040-4643

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

Name of Employer Multi Care Health System Occupation Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2008  
Transaction ID: 24711860  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary Scanlon

Mailing Address 532 College Ave

City Haverford State PA Zip Code 19041-1112

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

Name of Employer PVAMC Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 19 / 2008  
Transaction ID: 24711871  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 122  
(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. Mark Hubbard

Mailing Address 7514 Britneywoods Cir

City State Zip Code  
Arlington TN 38002-7531

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

Name of Employer Self-Employed  
Occupation Radiology Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711872

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Ellen Tabor

Mailing Address West Penn Hospital  
4800 Friendship Ave

City State Zip Code  
Pittsburgh PA 15224-1793

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

Name of Employer Radiology Associates of Western PA, PC  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711873

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Timothy Swan

Mailing Address 200 N Schmidt Ave

City State Zip Code  
Marshfield WI 54449-1735

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

Name of Employer Marshfield Clinic  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24711875

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 122

(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. Richard Duszak, JR

Mailing Address 3056 Wetherby Dr

City State Zip Code  
Germantown TN 38139-8080

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

Name of Employer Occupation  
Mid South Imaging and Ter- Diagnostic Radiologist  
apeutics

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24713636

Amount of Each Receipt this Period

1000.00

**B.**

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

Mailing Address PO Box 26430

City State Zip Code  
Macon GA 31221-6430

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

Name of Employer Occupation  
RAM, 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24713639

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Tilden Childs, III

Mailing Address 2421 Colonial Pkwy

City State Zip Code  
Fort Worth TX 76109-1032

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

Name of Employer Occupation  
Radiology Associates of Diagnostic Radiologist  
Tarrant Co., P

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24715152

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William Hendrick, JR  
Mailing Address 43 Clarks Chapel Rd  
City Nassau State NY Zip Code 12123-2609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Care Physicians Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 19 / 2008  
Transaction ID: 24715228  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Seungho Howard Lee  
Mailing Address 162 Deer Run  
City Watchung State NJ Zip Code 07069-5938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Associated Radiologists, P.A. Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 19 / 2008  
Transaction ID: 24715229  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Roger Cronk  
Mailing Address 1505 Eagle Ridge Rd NE  
City Albuquerque State NM Zip Code 87122-1156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer X-Ray Associates of NM, PC Occupation Diagnostic Radiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 19 / 2008  
Transaction ID: 24715243  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Donald Denny, JR  
 Mailing Address 76 Stetson Way  
 City State Zip Code  
Princeton NJ 08540-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Princeton Radiology Associates Diagnostic Radiologist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8  
**Transaction ID:** 24715253  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lynn Broderick  
 Mailing Address 7710 Welton Dr  
 City State Zip Code  
Madison WI 53719-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
University of Wisconsin Medical Founda Diagnostic Radiologist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8  
**Transaction ID:** 24715254  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Raymond Bertino  
 Mailing Address OSF-St Francis Med Ctr  
530 NE Glen Oak Ave  
 City State Zip Code  
Peoria IL 61637-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Central Illinois Radiology Diagnostic Radiologist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8  
**Transaction ID:** 24715319  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 122  
(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. George Belhobek		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address Cleveland Clinic Hospital 9500 Euclid Ave Rm A21		Transaction ID: 24715320
City Cleveland	State OH	
Zip Code 44195-0001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Cleveland Clinic Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dr. J Keith Thompson		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address 10333 Buckwood Ln		Transaction ID: 24715321
City Mechanicsville	State VA	
Zip Code 23116-4846		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
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) ▼		

**C.**

Full Name (Last, First, Middle Initial) Dr. Jon Shanser		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address St Francis Memorial Hospital 900 Hyde St		Transaction ID: 24715322
City San Francisco	State CA	
Zip Code 94109-4899		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Bay Area Radiologists of Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 122  
(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. John Reifsteck

Mailing Address Associated Radiologists  
PO Box 11137

City Charleston State WV Zip Code 25339-1137

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

Name of Employer Associated Radiologists Inc Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2008

Transaction ID: 24715323

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David Hays

Mailing Address 18 Farnham Loop

City Little Rock State AR Zip Code 72223-9199

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

Name of Employer Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2008

Transaction ID: 24716474

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Kempf

Mailing Address 4 Snowbird Ct

City Princeton Junction State NJ Zip Code 08550-3251

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

Name of Employer University Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2008

Transaction ID: 24716475

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 122

(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. Mark Wax

Mailing Address 6 E Sanders St

City State Zip Code  
Greenlawn NY 11740-1129

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

Name of Employer Occupation  
Good Samaritan Hospital Diagnostic Radiologist  
Med. Center

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24716477

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Katharine Scharer

Mailing Address 2600 Royal View Ct

City State Zip Code  
Oakland MI 48363-2148

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

Name of Employer Occupation  
Rochester Radiologists 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24716835

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Julie Gubernick

Mailing Address 1612 Heard Dr

City State Zip Code  
Maple Glen PA 19002-3161

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

Name of Employer Occupation  
Medical Imaging of Lehigh Valley 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24716963

Amount of Each Receipt this Period

365.00

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

1115.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 122  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Yung

Mailing Address 43 Compo Mill Cove

City State Zip Code  
Westport CT 06880-6612

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

Name of Employer Winthrop University Hospital  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24716980

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Elaine Lewis

Mailing Address Reading Hospital & Medical Ctr  
PO Box 16052

City State Zip Code  
Reading PA 19612-6052

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

Name of Employer West Reading Radiology Associates  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24716983

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Darlene Metter

Mailing Address UTHSCSA MS 7800  
7703 Floyd Curl Dr

City State Zip Code  
San Antonio TX 78229-3901

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

Name of Employer Univ of Texas HSC San Antonio  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 24717019

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 122

(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. Burt Weyhing, III

Mailing Address 158 Kenwood Rd

City State Zip Code  
Grosse Pointe Farm MI 48236-3522

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

Name of Employer Occupation  
L. Reynolds & Associates, P.C. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24717022

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 304 W 88th St Apt 3D

City State Zip Code  
New York NY 10024-2234

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

Name of Employer Occupation  
Albert Einstein Montefiore Radiology Resident

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24717023

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Bramwit

Mailing Address 55 Janelle Ct

City State Zip Code  
Bedminster NJ 07921-2898

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

Name of Employer Occupation  
University Radiology Group 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 24717043

Amount of Each Receipt this Period

365.00

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

1115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 122
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Alkis Zingas	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address Saint John Oakland Hosp 27351 Dequindre Rd	<b>Transaction ID:</b> 24717044
	City Madison Heights State MI Zip Code 48071-3487	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer S.E. 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Tobias Schifter	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 2080 E La Vieve Ln	<b>Transaction ID:</b> 24717052
	City Tempe State AZ Zip Code 85284-3515	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Associated Radiologists, Ltd. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Bernardy	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1031 Jimson Dr SE	<b>Transaction ID:</b> 24717423
	City Conyers State GA Zip Code 30013-2064	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1865.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 60 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert J. Paul, JR  
 Mailing Address 760 Woods Hollow Ln  
 City State Zip Code  
Powell OH 43065-7658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Inc. Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 05 / 20 / 2008  
**Transaction ID: 24717426**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. R Nick Bryan  
 Mailing Address Univ of PA Med Ctr  
3400 Spruce St  
 City State Zip Code  
Philadelphia PA 19104-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of PA Med Ctr Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 05 / 20 / 2008  
**Transaction ID: 24717427**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Adams  
 Mailing Address 12 Bordeaux Way  
 City State Zip Code  
Fairport NY 14450-4614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester Occupation Diagnostic Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 05 / 20 / 2008  
**Transaction ID: 24717429**  
 Amount of Each Receipt this Period 250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 122  
(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. Kate Feinstein		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
Mailing Address University of Chicago Hospital 5841 S Maryland Ave		Transaction ID: 24717434
City Chicago	State IL	Zip Code 60637-1470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Chicago Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Christopher Ullrich		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
Mailing Address Charlotte Radiology PA PO Box 36937		Transaction ID: 24717441
City Charlotte	State NC	Zip Code 28236-6937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Mark Yeh		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
Mailing Address 330 Cordova St Unit 311		Transaction ID: 24717442
City Pasadena	State CA	Zip Code 91101-4604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Hill Medical Corp.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 122  
(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. Wilbur Smith

Mailing Address Detroit Receiving Hospital  
4201 Saint Antoine St Rm 3L8

City Detroit State MI Zip Code 48201-2153

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

Name of Employer Wayne State University Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717443

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Milton J. Guiberteau

Mailing Address 1000 Uptown Park Blvd Apt 253

City Houston State TX Zip Code 77056-3243

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

Name of Employer Greater Houston Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717445

Amount of Each Receipt this Period 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Nancy A. Ellerbroek

Mailing Address Providence Holy Cross Cancer Ctr  
15031 Rinaldi St PO Box 9600

City Mission Hills State CA Zip Code 91346-9600

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

Name of Employer Valley Radiology Associates Occupation Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717446

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 122

(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. John Olsen

Mailing Address Ohio State University Hospital  
410 W 10th Ave

City State Zip Code  
Columbus OH 43210-1240

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

Name of Employer Occupation  
Ohio State University Hos- Diagnostic Radiologist  
pital

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717448

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James P. Trotter, Jr.

Mailing Address PO Box 2787

City State Zip Code  
Columbus GA 31902-2787

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

Name of Employer Occupation  
Management Services Netwo- President  
rk

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717449

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Eckmann

Mailing Address 45 S Deep Lake Rd

City State Zip Code  
St Paul MN 55127-6312

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

Name of Employer Occupation  
St. Paul Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717450

Amount of Each Receipt this Period

250.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 122  
(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. James Halverson

Mailing Address 15256 Wild Wings

City State Zip Code  
Minnetonka MN 55345-5700

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

Name of Employer Occupation  
Park Nicollet Clinic 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  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 24717452

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Steven Cohen

Mailing Address 28 Salem Rd

City State Zip Code  
Westport CT 06880-3726

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

Name of Employer Occupation  
Advanced Radiology Consultants Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 24717459

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Manuel Brown

Mailing Address Henry Ford Hospital  
2799 W Grand Blvd

City State Zip Code  
Detroit MI 48202-2689

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

Name of Employer Occupation  
Henry Ford Hospital 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  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 24717461

Amount of Each Receipt this Period  
500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Massachusetts General Hospital  
55 Fruit St

City Boston State MA Zip Code 02114-2620

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

Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717463  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Cynthia Sherry

Mailing Address 6615 Glendora Ave

City Dallas State TX Zip Code 75230-5219

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

Name of Employer Southwest Imaging Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717465  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ari Moore, JR

Mailing Address 1817 Craigmere Dr

City Charlotte State NC Zip Code 28226-6212

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 ▼ 2500.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717466  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5365.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Greater Baltimore Medical Ctr  
6701 N Charles St

City Baltimore State MD Zip Code 21204-6881

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

Name of Employer Greater Baltimore Medical Ctr Occupation Radiation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717467  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 8206 Ashworth Ct

City Jacksonville State FL Zip Code 32256-3637

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

Name of Employer Mayo Clinic Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717468  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Deborah Levine

Mailing Address Beth Israel-Deaconess Med Ctr  
330 Brookline Ave East Campus

City Boston State MA Zip Code 02215-5400

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

Name of Employer Beth Israel-Deaconess Med Ctr Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717471  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 122  
(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. Christine Kurland

Mailing Address Borg IDE imaging Group LLP  
125 Lattimore Rd

City Rochester State NY Zip Code 14620-4159

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

Name of Employer Borg Imaging Group LLP Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717472  
Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Cassandra Foens

Mailing Address Covenant Cancer Treatment Ctr  
200 E Ridgeway Ave

City Waterloo State IA Zip Code 50702-5040

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

Name of Employer Clinical Radiologists PC Occupation Radiation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717473  
Amount of Each Receipt this Period 2650.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Arlene Segal

Mailing Address 2504 NE 66th St

City Gladstone State MO Zip Code 64118-3758

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

Name of Employer Retired Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008  
Transaction ID: 24717474  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3265.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 122
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Alex Johnson		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 2309 Woodcliff Rd SE		<b>Transaction ID:</b> 24717475
	City Huntsville	State AL	Zip Code 35801-1471
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Radiology 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William Ladd		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 3366 Valemont St		<b>Transaction ID:</b> 24717476
	City San Diego	State CA	Zip Code 92106-2431
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
	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 ▼ 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jacqueline Bello		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address Montefiore Medical Center 111 E 210th St		<b>Transaction ID:</b> 24717484
	City Bronx	State NY	Zip Code 10467-2401
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Montefiore Medical Center	Occupation Neuroradiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 122  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ellen Wolf</p> <p>Mailing Address Montefiore Hospital 111 E 210th St</p> <p>City State Zip Code Bronx NY 10467-2490</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Montefiore Medical Center Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p><b>Transaction ID: 24717488</b></p> <p>Amount of Each Receipt this Period 250.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lori Deitte</p> <p>Mailing Address 3907 Barcelona Ave</p> <p>City State Zip Code Jacksonville FL 32207-6056</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation University of Florida Jacksonville Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p><b>Transaction ID: 24717489</b></p> <p>Amount of Each Receipt this Period 300.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Raymond Tu</p> <p>Mailing Address 1539 27th St NW</p> <p>City State Zip Code Washington DC 20007-3030</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Progressive Radiology Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p><b>Transaction ID: 24717491</b></p> <p>Amount of Each Receipt this Period 500.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 122

(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. Roger Eng, JR

Mailing Address 7 Soule Rd

City State Zip Code  
Orinda CA 94563-1516

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

Name of Employer Occupation  
Delta Radiology Medical Group 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  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717584

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kathryn Gardner

Mailing Address 7674 Brandon Rd

City State Zip Code  
New Albany OH 43054-9006

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

Name of Employer Occupation  
Radiology Inc 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  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717585

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Seward

Mailing Address 222 Oxford Ave

City State Zip Code  
Terrace Park OH 45174-1151

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

Name of Employer Occupation  
Northeast Radiology 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  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 24717590

Amount of Each Receipt this Period

365.00

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

1115.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregg Baran

Mailing Address 2130 Coffee Pot Blvd NE

City State Zip Code  
Saint Petersburg FL 33704-4650

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

Name of Employer: Radiology Associates of Tampa  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 05 / 20 / 2008  
**Transaction ID: 24717591**  
 Amount of Each Receipt this Period: 365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jerrold Teitcher

Mailing Address 386 Links Dr

City State Zip Code  
Oceanside NY 11572-5638

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

Name of Employer: Mem Sloan-Kettering Can Center  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 05 / 20 / 2008  
**Transaction ID: 24717592**  
 Amount of Each Receipt this Period: 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dennie Bartol

Mailing Address 9 Hopemont Dr

City State Zip Code  
Newport News VA 23606-2116

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

Name of Employer: Riverside Hospt  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2008  
**Transaction ID: 24717594**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 293 Piney Bluff Rd

City State Zip Code  
Rembert SC 29128-9630

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

Name of Employer Occupation  
Pitts Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 24717596

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Frederick Murphy

Mailing Address 2507 River Oak Dr

City State Zip Code  
Decatur GA 30033-2813

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

Name of Employer Occupation  
Emory University Hospital Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 24717604

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Neil Davey

Mailing Address Gem State Radiology  
877 W Main St Ste 603

City State Zip Code  
Boise ID 83702-5858

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

Name of Employer Occupation  
Gem State Radiology Diagnostic Radiology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 24717632

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 122  
(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
							17

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

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

Mailing Address 17615 Stonebrook Dr

City Northville State MI Zip Code 48167-4328

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

Name of Employer William Beaumont Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717633

Amount of Each Receipt this Period 365.00

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

Mailing Address 2 Park Cir

City Cape Elizabeth State ME Zip Code 04107-9682

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

Name of Employer Spectrum Medical Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717634

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gordon Beute

Mailing Address 6411 Wardell Ct

City West Bloomfield State MI Zip Code 48324-2880

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

Name of Employer Henry Ford Health Care Systems Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 24717636

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1265.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 122  
(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. Don Cubberley

Mailing Address Inland Imaging  
525 S Stevens St

City State Zip Code  
Spokane WA 99202-1389

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

Name of Employer Occupation  
Inland Imaging Associates Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 24717638

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 3530 Maloney Road

City State Zip Code  
Knoxville TN 37920-7316

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

Name of Employer Occupation  
Southern Station Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 24718694

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Desrochers

Mailing Address 599 Blackbeards Vw

City State Zip Code  
Bath NC 27808-9491

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

Name of Employer Occupation  
Evergreen Radiology, PA Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 24718713

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 122

(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. Naveen Parti

Mailing Address 15 Crescent Ave

City State Zip Code  
Greenville SC 29605-2810

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Greenville Radiology Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

**Transaction ID:** 24718714

Amount of Each Receipt this Period 150.00

**B.**

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

Mailing Address 1186 Buckingham Ave

City State Zip Code  
Birmingham MI 48009-5863

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
William Beaumont Hospital Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 20 / 2008

**Transaction ID:** 24718715

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Stein

Mailing Address 18951 Glenmount Ter

City State Zip Code  
Irvine CA 92603-3507

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-employed Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

**Transaction ID:** 24718720

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 765.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 122  
(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. Mark Luedke

Mailing Address 26 Hooper Hill Rd

City State Zip Code  
New Boston NH 03070-3804

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

Name of Employer SNHRC Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 24718721

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Ashok Jain

Mailing Address 1253 Cottingham Row

City State Zip Code  
Bloomfield Hills MI 48302-2312

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

Name of Employer SE Radiology Associates Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 24718726

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 200

City State Zip Code  
Mesa AZ 85204-5045

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

Name of Employer EVDI Medical Imaging Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID:** 24837316

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **890.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 122  
(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. Kevin Duwe

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 200

City State Zip Code  
Mesa AZ 85204-5045

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 24837317

Amount of Each Receipt this Period  
140.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Craig Hancock

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 24837318

Amount of Each Receipt this Period  
140.00

**C.**

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

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 24837319

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 122

(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. John McGill

Mailing Address 9318 E Flathorn Dr

City State Zip Code  
Scottsdale AZ 85255-6607

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

Name of Employer Occupation  
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837335

Amount of Each Receipt this Period

140.00

**B.**

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

Mailing Address 9820 E Thompson Peak Pkwy Unit 828

City State Zip Code  
Scottsdale AZ 85255-6663

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

Name of Employer Occupation  
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837336

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Brent Saunders

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

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

Name of Employer Occupation  
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837337

Amount of Each Receipt this Period

140.00

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

420.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 122  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Joel Schein		Date of Receipt MM / DD / YYYY 05 / 23 / 2008
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 24837338
City Mesa	State AZ	
Zip Code 85204-5046		Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Mari Schenk		Date of Receipt MM / DD / YYYY 05 / 23 / 2008
Mailing Address 15114 E Ridgeway Dr		Transaction ID: 24837339
City Fountain Hills	State AZ	
Zip Code 85268-4842		Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Marvin Silvey		Date of Receipt MM / DD / YYYY 05 / 23 / 2008
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 24837340
City Mesa	State AZ	
Zip Code 85204-5046		Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	455.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 82 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 9664 E Davenport Dr

City State Zip Code  
Scottsdale AZ 85260-1426

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837341**

Amount of Each Receipt this Period  
140.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Brooke Spencer

Mailing Address 26555 N 86th St

City State Zip Code  
Scottsdale AZ 85255-1460

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837343**

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Marvin Tam

Mailing Address Associated Radiologists LTD  
1125 E Southern Ave Ste 200

City State Zip Code  
Mesa AZ 85204-5045

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837344**

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 122

(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. Harold Walker

Mailing Address 16420 E Houston Avenue

City State Zip Code  
Gilbert AZ 85234-4024

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837346

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stephanie Wang

Mailing Address 3415 E Harvard Ave

City State Zip Code  
Gilbert AZ 85234-2220

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837347

Amount of Each Receipt this Period

140.00

**C.**

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

Mailing Address 538 E 84th St Apt 4E

City State Zip Code  
New York NY 10028-7357

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837414

Amount of Each Receipt this Period

38.46

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

318.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 505 Ivy Lane

City State Zip Code  
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837415**

Amount of Each Receipt this Period  
38.46

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code  
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837416**

Amount of Each Receipt this Period  
38.46

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

Mailing Address 18 Baldwin Rd

City State Zip Code  
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID: 24837417**

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 122

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Rita S. Patel		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 3 Ware Rd		<b>Transaction ID:</b> 24837481		
	City Upper Saddle River	State NJ	Zip Code 07458-1919	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 423.06		
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mitchell Miller		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 2 Constitution Ct Apt 1009		<b>Transaction ID:</b> 24837482		
	City Hoboken	State NJ	Zip Code 07030-6730	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 788.06		
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Sean D. Pierce		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 47-30 Vernon Blvd Unit 1R		<b>Transaction ID:</b> 24837483		
	City Long Island City	State NY	Zip Code 11101-5546	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 423.06		
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 86 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. George Joseph Ferrone  
Mailing Address 440 E 62nd St Apt 18F

City State Zip Code  
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID: 24837484**

Amount of Each Receipt this Period  
38.46

**B.** 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 Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID: 24837486**

Amount of Each Receipt this Period  
38.46

**C.** Full Name (Last, First, Middle Initial)  
Dr. Adam Bogomol  
Mailing Address 50 W 72nd St Apt 1509

City State Zip Code  
New York NY 10023-4132

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

Name of Employer Hackensack Radiology Group      Occupation Diagnostic Radiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID: 24837541**

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 122

(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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837542

Amount of Each Receipt this Period

38.46

**B.**

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

Mailing Address 124 W 60th St Apt 45

City New York State NY Zip Code 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837543

Amount of Each Receipt this Period

38.46

**C.**

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

Mailing Address 140 Chestnut St

City Englewood State NJ Zip Code 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837544

Amount of Each Receipt this Period

38.46

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

115.38

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 122

(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. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code  
Wyckoff NJ 07481-1101

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837546

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City State Zip Code  
Englewood NJ 07631-3081

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

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 24837598

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City State Zip Code  
Conyers GA 30013-2064

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) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24838961

Amount of Each Receipt this Period

250.00

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

326.92

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 122

(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. Bernard Masters, III

Mailing Address 6 Misty Ln

City State Zip Code  
Greenville SC 29615-6048

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

Name of Employer Occupation  
Medical Univ of South Carolin Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24838962

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 23 Moffat Rd

City State Zip Code  
Waban MA 02468-1112

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

Name of Employer Occupation  
Newton Wellesley Hosp 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  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24839064

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code  
Sewalls Point FL 34996-6502

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

Name of Employer Occupation  
Michael M. Raskin, P.A. 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  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24839065

Amount of Each Receipt this Period  
250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
Dallas TX 75254-8613

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

Name of Employer: Southwest Imaging & Intervention specialists  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 28 / 2008  
**Transaction ID: 24839066**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary Dillehay

Mailing Address Northwestern Mem Hosp  
251 E Huron St

City State Zip Code  
Chicago IL 60611-3197

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

Name of Employer: Northwestern Medical Faculty Foundatio  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 28 / 2008  
**Transaction ID: 24839067**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Clarence Davis, III

Mailing Address 609 Spring Lake Rd

City State Zip Code  
Columbia SC 29206-2150

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

Name of Employer: Lexington Radiology Associates  
Occupation: Diagnostic Radiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 28 / 2008  
**Transaction ID: 24839074**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 122  
(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. Mark Yuhasz		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address Tacoma Radiological Associates PO Box 1535		Transaction ID: 24839075
City Tacoma	State WA	Zip Code 98401-1535
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tacoma Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Shane Kraske		Date of Receipt MM / DD / YYYY 05 / 31 / 2008
Mailing Address 37 Columbine Ct		Transaction ID: 24852290
City Iowa City	State IA	Zip Code 52246-8716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
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 ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey Hu		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address 302 Topwater Ln		Transaction ID: 24852375
City Greensboro	State NC	Zip Code 27455-3423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Greensboro Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 122
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marcela Bohm-Velez	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address Weinstein Imaging Associates 5850 Centre Ave	<b>Transaction ID:</b> 24852376
	City Pittsburgh State PA Zip Code 15206-3780	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 833.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Raja Cheruvu	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 165 Via Foresta Ln	<b>Transaction ID:</b> 24852377
	City Williamsville State NY Zip Code 14221-1984	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Brannon	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 7 Foxglove Ct	<b>Transaction ID:</b> 24852378
	City Greenville State SC Zip Code 29615-5505	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>258.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 122  
(check only one)

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

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

**A.**

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

Mailing Address Greensboro Radiology PA  
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

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

Name of Employer Greensboro Radiology Assoc PA Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2008  
Transaction ID: 24852385  
Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City Monroe State NC Zip Code 28110-8408

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 ▼ 210.00

Date of Receipt 05 / 28 / 2008  
Transaction ID: 24852387  
Amount of Each Receipt this Period 42.00

**C.**

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

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City Alexandria State LA Zip Code 71301-3606

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

Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 28 / 2008  
Transaction ID: 24852393  
Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 122

(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. 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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24852396

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address Univ of Colorado Hlth Sci Ctr  
12401 E 17th Ave, Leprine Bldg Rm

City Aurora State CO Zip Code 80045-7155

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24852400

Amount of Each Receipt this Period

83.34

**C.**

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

Mailing Address 6641 N Forkner Ave

City Fresno State CA Zip Code 93711-1326

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

Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 24852402

Amount of Each Receipt this Period

50.00

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

183.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 122
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jr., M.D. Charles Schranck		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 75 Fairmount Dr., North		Transaction ID: 24852412
	City Alton	State IL	Zip Code 62002-3207
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
	Name of Employer Midwest Radiological Associates, P.C.	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Brian Kuszyk		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 3219 Old Oak Walk		Transaction ID: 24852413
	City Greenville	State NC	Zip Code 27858-8441
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
	Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Eric Sax		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 9 Old Sudbury Rd		Transaction ID: 24852414
	City Lincoln	State MA	Zip Code 01773-4807
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
	Name of Employer The Imaging Institute	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	167.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 96 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2008

Transaction ID: 24852420

Amount of Each Receipt this Period 42.00

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

Mailing Address 2821 Argyle Rd

City Birmingham State AL Zip Code 35213-3403

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

Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2008

Transaction ID: 24852422

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kerry Chandler

Mailing Address 4100 Mullcroft PI

City Fuquay Varina State NC Zip Code 27526-8658

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

Name of Employer Wake Radiology Consultants Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2008

Transaction ID: 24852423

Amount of Each Receipt this Period 50.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregg A. Bogost

Mailing Address 6203 S Highlands Ave

City State Zip Code  
Madison WI 53705-1114

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

Name of Employer Occupation  
Madison Radiologists, SC Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID: 24852488**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3100 Tantallon Cir SE

City State Zip Code  
Hampton Cove AL 35763-5308

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

Name of Employer Occupation  
Emory Univ D-125-A Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID: 24852489**

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Pjura, JR

Mailing Address 3703 Stonebridge Drive

City State Zip Code  
Cape Girardeau MO 63701-9504

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

Name of Employer Occupation  
Capte Radiology Group Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID: 24852494**

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 122

(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 Creasy

Mailing Address Vanderbilt Univ  
1161 21st Ave S

City State Zip Code  
Nashville TN 37232-0001

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

Name of Employer Occupation  
Vanderbilt Univ Medical Center Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852496

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Linda Anne Kloss

Mailing Address 21 Meadow Ln

City State Zip Code  
Haverford PA 19041-1123

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

Name of Employer Occupation  
Diagnostic Imaging Inc Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852498

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Anne P. Dunne

Mailing Address 102 Andrews Ct

City State Zip Code  
Lewisburg PA 17837-6510

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

Name of Employer Occupation  
Geisinger Medical Center Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852513

Amount of Each Receipt this Period

365.00

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

865.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 122  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. M Thorsen

Mailing Address 36829 Hollyhock Woods Dr

City Oconomowoc State WI Zip Code 53066-9460

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

Name of Employer Waukesha Memorial Hospital Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2008  
Transaction ID: 24852517  
Amount of Each Receipt this Period 500.00

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

Mailing Address Univ of South Alabama  
2451 Fillingim St 301 Mastin Bld

City Mobile State AL Zip Code 36617-2293

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

Name of Employer Univ of South Alabama Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 21 / 2008  
Transaction ID: 24852519  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Karen Goodhope

Mailing Address 43 Aberdeen Pl

City Saint Louis State MO Zip Code 63105-2266

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

Name of Employer Central Radiology Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2008  
Transaction ID: 24852520  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ronald Townsend

Mailing Address 5450 S Autumn Ct

City Greenwood Village State CO Zip Code 80111-3417

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

Name of Employer Univ of CO Health Sci Center Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 21 / 2008

Transaction ID: 24852522

Amount of Each Receipt this Period 365.00

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

Mailing Address 7408 Ashland Ln

City Birmingham State AL Zip Code 35242-2568

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

Name of Employer Birmingham Radiological Group Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2008

Transaction ID: 24852523

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leroy Roberts, JR

Mailing Address Carolina Reg Radiology PO Box 87488

City Fayetteville State NC Zip Code 28304-7488

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

Name of Employer Carolina Regional Radiology Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2008

Transaction ID: 24852524

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1615.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 / 122
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Beverly Coleman	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address Univ of Pennsylvania Med Ctr 3400 Spruce St	<b>Transaction ID:</b> 24852528
	City Philadelphia State PA Zip Code 19104-4206	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hospital of the Univ of PA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jeanne W. Baer	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 418 High St	<b>Transaction ID:</b> 24852715
	City Closter State NJ Zip Code 07624-2013	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer St Luke's-Roosevelt Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joel Canter	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 8 Shelly Hill Rd	<b>Transaction ID:</b> 24852717
	City Stanfordville State NY Zip Code 12581-6062	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dutchess Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 122  
(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. Evan Cohn

Mailing Address 6457 Aberdeen Ave

City State Zip Code  
Dallas TX 75230-5105

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

Name of Employer Occupation  
Southwest Imaging 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  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852718

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Clint Hamilton

Mailing Address SW Imaging & Interventional Spec  
7515 Greenville Ave Ste 710

City State Zip Code  
Dallas TX 75231-3848

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

Name of Employer Occupation  
WFU School of Medicine Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852719

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Vickie Massey

Mailing Address 805 W 51st St

City State Zip Code  
Kansas City MO 64112-2372

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

Name of Employer Occupation  
Kansas City Cancer Centers Radiation Oncologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 24852720

Amount of Each Receipt this Period

500.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Philip Rogoff

Mailing Address 58 Rogers Rd

City State Zip Code  
Carlisle MA 01741-1865

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

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 21 / 2008  
Transaction ID: 24852854  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 110 Stoney Beach Rd

City State Zip Code  
Oshkosh WI 54902-7243

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

Name of Employer Radiology Associates of Fox Valley Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 21 / 2008  
Transaction ID: 24852856  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William Wolff

Mailing Address 40 Old Pond Rd

City State Zip Code  
Great Neck NY 11023-1031

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

Name of Employer Self-employed Occupation Diagnostic Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 21 / 2008  
Transaction ID: 24852857  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 122  
(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. James Brink		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
Mailing Address Yale Univ Sch of Med 789 Howard Ave		Transaction ID: 24852860
City New Haven	State CT	
Zip Code 06519-1304		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Yale Univ Sch of Med	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. Marc Clemente		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
Mailing Address 7408 Wydown Blvd		Transaction ID: 24852870
City Saint Louis	State MO	
Zip Code 63105-2902		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Louis Univ Health Sci Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Labib Haddad		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
Mailing Address 4 Ramsgate Dr		Transaction ID: 24852871
City Olivette	State MO	
Zip Code 63132-4116		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Louis Univ School of Med	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 122  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Cindy Zhang

Mailing Address 1910 Spring Breeze Ln

City State Zip Code  
Chesterfield MO 63017-5675

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

Name of Employer Metro Health Systems Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

Transaction ID: 24852872

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Frazier

Mailing Address St Johns Mercy Medical Center  
615 S New Ballas Rd

City State Zip Code  
Saint Louis MO 63141-8277

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

Name of Employer William Beaumont Hospital Occupation Radiation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

Transaction ID: 24852873

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Vikram Rao

Mailing Address 1810 Strathearn Ct

City State Zip Code  
Saint Louis MO 63146-3752

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

Name of Employer Northwestern Univ Medical School Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

Transaction ID: 24852874

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 122
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Colleen Spieler	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 12412 Questover Manor Ct	<b>Transaction ID:</b> 24852876
	City State Zip Code Creve Coeur MO 63141-5461	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation St. Joseph Health Ctr Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James L. Littlefield	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 10 Frontenac Estates Dr.	<b>Transaction ID:</b> 24852877
	City State Zip Code Saint Louis MO 63131-2626	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation West County Radiology Group Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Donald Grunz	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 5 Colonial Ct	<b>Transaction ID:</b> 24852878
	City State Zip Code Saint Louis MO 63124-2003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation St John's Mercy Medical Ctr Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 122  
(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. Zoltan Cseri, JR

Mailing Address 725 Culloden Rd

City State Zip Code  
Saint Louis MO 63122-5008

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

Name of Employer West County Radiological Group  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID:** 24852880

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Deborah Wadsworth

Mailing Address 12408 Kirk Place Dr

City State Zip Code  
Des Peres MO 63131-3700

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

Name of Employer Midwest Radiological Associates, P.C.  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID:** 24852881

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Christine Osmon

Mailing Address St. John's Mercy Medical Center  
615 S New Ballas Rd

City State Zip Code  
Saint Louis MO 63141-7103

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

Name of Employer Radiology Consultants, PC  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID:** 24852882

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 122
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Nepute		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 8 Roclare Ln		<b>Transaction ID:</b> 24852883
	City Saint Louis	State MO	Zip Code 63131-1129
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Debra Rosenthal		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 6339 Pershing Ave		<b>Transaction ID:</b> 24852884
	City Saint Louis	State MO	Zip Code 63130-4704
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
	Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David Niebruegge		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 920 Sarala Rd		<b>Transaction ID:</b> 24852910
	City Des Peres	State MO	Zip Code 63131-2012
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 109 / 122  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Royce Lovern

Mailing Address 128 Hickory Lane

City State Zip Code  
Washington MO 63090-1222

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

Name of Employer West County Radiological Group  
Occupation Diagnostic Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** 24852911

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Thomasson

Mailing Address 3 Brookside Ln

City State Zip Code  
Saint Louis MO 63124-1814

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

Name of Employer West County Radiological 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  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** 24852912

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10525 Concord School Rd

City State Zip Code  
Saint Louis MO 63128-1232

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

Name of Employer West County Radiological Group, Inc.  
Occupation Cardiac Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** 24852913

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 / 122
	(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. Stephen Keller		Date of Receipt
Mailing Address 307 Cabin Grove Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 1 / 2 0 0 8
City	State	Zip Code
Saint Louis	MO	63141-8171
FEC ID number of contributing federal political committee.		Transaction ID: 24852914
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00

**B.**

Full Name (Last, First, Middle Initial) Dr. William Murphy, JR		Date of Receipt
Mailing Address UT MD Anderson Cancer Center 1515 Holcombe Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 1 / 2 0 0 8
City	State	Zip Code
Houston	TX	77030-4009
FEC ID number of contributing federal political committee.		Transaction ID: 24852915
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer University of Texas	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 128775.51

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

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

FOR LINE NUMBER: PAGE 111 / 122  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

A.

Full Name (Last, First, Middle Initial)  
Vanguard

Mailing Address PO Box 13750

City State Zip Code  
Philadelphia PA 19101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3546.88

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

Transaction ID: 24996174

Amount of Each Receipt this Period  
519.62

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	519.62
<b>TOTAL</b> This Period (last page this line number only) .....	▶	519.62



**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

A.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 24165355 Date of Disbursement 05 / 08 / 2008
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 1000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 24165444 Date of Disbursement 05 / 13 / 2008
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 2500.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Shelley Moore Capito	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vine PAC	Transaction ID: 24165446 Date of Disbursement 05 / 14 / 2008
	Mailing Address 236 Massachusetts Ave., N.E. Suite 508	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Vine PAC	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC <hr/> Mailing Address c/o G&W 2201 Wisconsin Ave. NW Suite 320 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Republican Main Street Partnership PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 24173783 Date of Disbursement <input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of John Barrasso <hr/> Mailing Address PO Box 52008 <hr/> City Casper State WY Zip Code 82605 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name John Barrasso <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Transaction ID: 24173789 Date of Disbursement <input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '08 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Sen. Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 24333164 Date of Disbursement <input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 115 / 122

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 01</p>	<p><b>Transaction ID:</b> 24486411 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p>	<p><b>Transaction ID:</b> 24488308 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Herseth For Congress</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Stephanie Herseth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District: 01</p>	<p><b>Transaction ID:</b> 24488774 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2000.00</span></p>

**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)

PAGE 116 / 122

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

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

A.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 24488780 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 5458 PO Box 5458	Amount of Each Disbursement this Period 2000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John M. Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Schiff For Congress	Transaction ID: 24488789 Date of Disbursement 05 / 20 / 2008
	Mailing Address 777 S. Figueroa St. Suite 4050	Amount of Each Disbursement this Period 2000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Adam Schiff	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: 24489423 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 8628	Amount of Each Disbursement this Period 1000.00
	City Cranston State RI Zip Code 02920	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Jack Reed	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: NV District: 01</p>	<p><b>Transaction ID:</b> 24489425 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	7		2	0	0	8													
2000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: AZ District: 08</p>	<p><b>Transaction ID:</b> 24489478 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	5		2	0	0	8													
2000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc</p> <p>Mailing Address PO Box 1859</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Tim Johnson</p> <p>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: SD District:</p>	<p><b>Transaction ID:</b> 24489507 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	7		2	0	0	8													
2000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">6000.00</td></tr></table>	6000.00
6000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

# 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 118 / 122

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

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

**A.** Full Name (Last, First, Middle Initial)  
Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code  
St. Petersburg FL 33743

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. C.W. Bill Young

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: FL District: 10

Transaction ID: 24489617  
Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Chambliss For Senate

Mailing Address Post Office Box 12469

City State Zip Code  
Atlanta GA 30355

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. Saxby Chambliss

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: GA District:

Transaction ID: 24511100  
Date of Disbursement

/

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Bilirakis For Congress

Mailing Address 610 S Boulevard

City State Zip Code  
Tampa FL 33606

Purpose of Disbursement

Category/  
Type

Candidate Name  
Mr. Gus Bilirakis

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: FL District: 09

Transaction ID: 24531807  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Transaction ID: 24580605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Mailing Address PO Box 2334

Amount of Each Disbursement this Period

3000.00
---------

City State Zip Code  
Denton TX 76202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael C. Burgess, M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

B.

Full Name (Last, First, Middle Initial)  
Wedge PAC

Transaction ID: 24687479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Mailing Address PO Box 680063

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
Franklin TN 37068

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Wedge PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Pete Sessions For Congress

Transaction ID: 24687484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	8

Mailing Address Post Office Box 38585

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Dallas TX 75238

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Pete Sessions

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

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

9000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

A.	Full Name (Last, First, Middle Initial) Griffith For Congress	Transaction ID: 24688955 Date of Disbursement 05 / 14 / 2008
	Mailing Address PO Box 2619	Amount of Each Disbursement this Period 2500.00
	City Huntsville State AL Zip Code 35804	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. R Parker Griffith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 24688970 Date of Disbursement 05 / 08 / 2008
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 1000.00
	City Springfield State MA Zip Code 01108	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Richard E. Neal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate	Transaction ID: 24688975 Date of Disbursement 05 / 14 / 2008
	Mailing Address PO Box 433	Amount of Each Disbursement this Period 1000.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Moore For Congress Mailing Address PO Box 14631 City Shawnee Mission State KS Zip Code 66285 Purpose of Disbursement Candidate Name Rep. Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24688984 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress Mailing Address 22 West Padonia Road Suite C-141 City Timonium State MD Zip Code 21093 Purpose of Disbursement Candidate Name Rep. C.A. Ruppensberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24734652 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00 011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate Mailing Address PO Box 2720 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Candidate Name Sen. Mark Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24831393 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	62000.00

**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

A.

Full Name (Last, First, Middle Initial)

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: 24996176

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

4442.46

Bank Fees

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

4442.46

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

4442.46