

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		532260.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	545212.91									
(c) Total Receipts (from Line 19)	161798.99	1222067.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	707011.90	1754327.63								
7. Total Disbursements (from Line 31)	28083.54	1075399.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	678928.36	678928.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	141772.36	1076971.34
(ii) Unitemized	17012.28	134506.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	158784.64	1211477.42
(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)	158784.64	1211477.42
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	3000.00	10500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	14.35	90.10
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))	161798.99	1222067.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	161798.99	1222067.52

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	194.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	194.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	1022623.00
24. Independent Expenditure (use Schedule E)	0.00	45423.00
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	500.00	500.00
(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))	500.00	500.00
29. Other Disbursements.....	2083.54	6659.27
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))..	28083.54	1075399.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28083.54	1075399.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	158784.64	1211477.42
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	158284.64	1210977.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	194.00
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	194.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 222
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jason Maloney

Mailing Address 1016 Bent Pine Ct

City State Zip Code
Columbus GA 31909-8050

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

Name of Employer
Radiology Associates of Columbus

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2010

Transaction ID: 37706237

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3366 Valemont St

City State Zip Code
San Diego CA 92106-2431

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

Name of Employer
VA Hospital, La Jolla

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 37718250

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 211 Lytton Ave

City State Zip Code
Pittsburgh PA 15213-1409

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

Name of Employer
University of Pittsburgh Medical Cente

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 37718251

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 222
(check only one)

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

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

A.

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

Mailing Address 823 Phaeton Way

City State Zip Code
Auburn IN 46706-1342

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 37718257

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Diana Jucas

Mailing Address 406 Audubon Dr

City State Zip Code
El Dorado AR 71730-5222

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

Name of Employer Radiology Associates of El Dorado
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 37718259

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric Russell

Mailing Address Northwestern Radiology
676 N Saint Clair St Ste 800

City State Zip Code
Chicago IL 60611-2978

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

Name of Employer Northwestern Memorial Hospital
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 37718261

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 222
(check only one)

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

A.

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

Mailing Address 1265 South Avignon Dr.

City Gladwyne State PA Zip Code 19035-1042

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

Name of Employer Radiology Affiliates of Central New Je
Occupation Diagnostic Radiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 29 / 2010
Transaction ID: 37718264
Amount of Each Receipt this Period 200.00

B.

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

Mailing Address 457 Wood Duck Dr

City Greensburg State PA Zip Code 15601-3121

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

Name of Employer Radiologic Consultants, Ltd.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2010
Transaction ID: 37718266
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Herman Flink

Mailing Address 6454 Dora Drive

City Mount Dora State FL Zip Code 32757-7064

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 11 / 29 / 2010
Transaction ID: 37718268
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 9 / 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Salvatore Parrinello	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 7 Riverview Dr	Transaction ID: 37718273
	City State Zip Code Remsenburg NY 11960-2023	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation East End Radiology 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. Stephen Smith	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 4501 Jewelwood Ct	Transaction ID: 37718274
	City State Zip Code Peoria IL 61615-8935	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Methodist Hospital 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. Neil Kennedy	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 3468 John Muir Dr	Transaction ID: 37718277
	City State Zip Code Middleton WI 53562-1183	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Madison Radiologists, S.C. Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	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 10 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Bradley Brenton		Date of Receipt MM / DD / YYYY 11 / 29 / 2010		
	Mailing Address 110 Veranda Pl		Transaction ID: 37718282		
	City Goldsboro	State NC	Zip Code 27530-9115	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 Wayne Radiologists PA		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. William Schey		Date of Receipt MM / DD / YYYY 11 / 29 / 2010		
	Mailing Address 336 W Wellington Ave Apt 2705		Transaction ID: 37718284		
	City Chicago	State IL	Zip Code 60657-5617	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 Self-Employed		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. David Huelsman		Date of Receipt MM / DD / YYYY 11 / 29 / 2010		
	Mailing Address Good Samaritan Hosp 375 Dixmyth Ave		Transaction ID: 37718633		
	City Cincinnati	State OH	Zip Code 45220-2489	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00		
Name of Employer Medical X-Ray, Inc.		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 11 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jeanine McNeill

Mailing Address 3435 Ramona Dr

City State Zip Code
Riverside CA 92506-1253

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

Name of Employer Renaissance 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
1 1 / 2 9 / 2 0 1 0

Transaction ID: 37718636

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Karen Garfield

Mailing Address 510 E 89th St

City State Zip Code
New York NY 10128-7802

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

Name of Employer St. Luke's Roosevelt Hospital Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 37718640

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 401 Lakeshore Dr

City State Zip Code
Fayetteville NC 28305-5210

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 ▼ 1000.00

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

Transaction ID: 37721386

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 12 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Lang		Date of Receipt
	Mailing Address 180 E End Ave Apt 9A		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10128-7765
	FEC ID number of contributing federal political committee. C		Transaction ID: 37721388
Name of Employer Progressive Medical Imaging		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" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr. Richard Sullivan		Date of Receipt
	Mailing Address 1705 Pine Ave		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Manhattan Beach	CA	90266-5010
	FEC ID number of contributing federal political committee. C		Transaction ID: 37721393
Name of Employer Hill Medical Corp		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" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Dr. Joan Perlow		Date of Receipt
	Mailing Address 7490 Wildercliff Dr NW		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30328-1144
	FEC ID number of contributing federal political committee. C		Transaction ID: 37721396
Name of Employer Radiology Atlanta Group, P.C.		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" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL 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 13 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Veena Mathur

Mailing Address 104 Ramsford Ln

City State Zip Code
Simpsonville SC 29681-3650

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

Name of Employer Occupation
Diagnostic Radiology of Diagnostic Radiologist
Anderson

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

Date of Receipt

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

Transaction ID: 37721400

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Dockery, III

Mailing Address 5546 Drane Dr

City State Zip Code
Dallas TX 75209-5506

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

Name of Employer Occupation
American Radiology Associ- Diagnostic Radiologist
ates, P.A.

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

Date of Receipt

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

Transaction ID: 37721401

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Ray, III

Mailing Address 7197 Stillwater Dr

City State Zip Code
Columbus GA 31904-1958

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

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Columbus

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

Date of Receipt

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

Transaction ID: 37721403

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 14 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Clay Padginton

Mailing Address 2500 Gulf Blvd

City State Zip Code
South Padre Island TX 78597-6933

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

Name of Employer Occupation
Valley Radiology Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37721404

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stuart Singer

Mailing Address Crouse Radiology Assoc
5008 Brittonfield Pkwy Ste 100

City State Zip Code
East Syracuse NY 13057-9248

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

Name of Employer Occupation
Crouse Irving Memorial Hosp Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37721410

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Stiles

Mailing Address 2461 Fawn Ridge

City State Zip Code
Stone Mountain GA 30087-1213

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

Name of Employer Occupation
Atlanta Radiology Consultants, PC Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: 37721412

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 15 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ian Baronofsky

Mailing Address 204 S East Ave

City State Zip Code
Oak Park IL 60302-3212

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

Name of Employer Occupation
TRLad Radiology Diagnostic Radiologist

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

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

Transaction ID: 37721413

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 6 Wetherfield Ct

City State Zip Code
Potomac MD 20854-1114

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

Name of Employer Occupation
Drs. Groover, Christie, & Merritt Diagnostic Radiologist

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

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

Transaction ID: 37721414

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 2055 Myrtlewood Dr

City State Zip Code
Montgomery AL 36111-1003

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

Name of Employer Occupation
Montgomery Radiology Associates Diagnostic Radiologist

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

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

Transaction ID: 37734799

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 16 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Locke Barber

Mailing Address 201 Haines Dr

City State Zip Code
Moorestown NJ 08057-2636

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

Name of Employer
Radiology Associates of New Jersey

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 37734800

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Roy Siragusa

Mailing Address 28 Winding Creek Way

City State Zip Code
Ormond Beach FL 32174-6773

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

Name of Employer
Radiology Associates of Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 37734801

Amount of Each Receipt this Period
250.00

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 ▼
935.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 37734873

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**

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 / 222
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Mary Pomeroy		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 2625 Rolling Hills Dr		Transaction ID: 37734874		
	City Monroe	State NC	Zip Code 28110-8408	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 714.00			

B.	Full Name (Last, First, Middle Initial) Dr. John Rogers		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 802 West Gap Creek Road		Transaction ID: 37734875		
	City Greer	State SC	Zip Code 29651-5065	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Greenville Radiology		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 420.00			

C.	Full Name (Last, First, Middle Initial) Dr. Mark Alson		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 6641 N Forkner Ave		Transaction ID: 37734877		
	City Fresno	State CA	Zip Code 93711-1326	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Sierra Imaging Associates		Occupation Diagnostic Radiologist			
		Aggregate Year-to-Date ▼ 625.00			

SUBTOTAL of Receipts This Page (optional)	134.00
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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Gregory Galdino		Date of Receipt MM / DD / YYYY 11 / 30 / 2010	
Mailing Address 9 Applestone Dr		Transaction ID: 37734884	
City Jackson	State TN	Zip Code 38305-6919	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Jackson Radiology Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

B.

Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR		Date of Receipt MM / DD / YYYY 11 / 30 / 2010	
Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		Transaction ID: 37734885	
City Alexandria	State LA	Zip Code 71301-3606	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C			
Name of Employer Central LA Imaging Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74		

C.

Full Name (Last, First, Middle Initial) Dr. Van Wadlington		Date of Receipt MM / DD / YYYY 11 / 30 / 2010	
Mailing Address 3805 Knollwood Ln		Transaction ID: 37734886	
City Birmingham	State AL	Zip Code 35243-5913	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Birmingham, P.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	150.01
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 19 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Rife Huckabee

Mailing Address 3720 Rabbit Creek Ct

City Theodore State AL Zip Code 36582-2505

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: 37734887
Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 9 Old Sudbury Rd

City Lincoln State MA Zip Code 01773-4807

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

Name of Employer: The Imaging Institute
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 916.74

Date of Receipt: 11 / 30 / 2010
Transaction ID: 37734888
Amount of Each Receipt this Period: 83.34

C.

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

Mailing Address Greenville Radiology PA
1210 W Faris Rd

City Greenville State SC Zip Code 29605-4444

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

Name of Employer: Greenville Hospital
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: 37734893
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► **143.34**

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 20 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Amy Kirby
 Mailing Address 5209 Pulchella Dr
 City State Zip Code
 Oklahoma City OK 73142-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eagle Eye Imaging Radiology Resident
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 1 0
Transaction ID: 37734894
 Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Weinreb
 Mailing Address 34 Randi Dr
 City State Zip Code
 Madison CT 06443-2440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yale University School of Medicine Radiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 1 0
Transaction ID: 37767111
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Anton Hasso
 Mailing Address Univ of CA-Irvine Med Ctr
 101 The City Dr S Bldg 56 Rm 300 R
 City State Zip Code
 Orange CA 92868-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of CA-Irvine Med Ctr Diagnostic Radiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 1 0
Transaction ID: 37767114
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00
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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Peter Locken, III		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address Western Baptist Hospital 2501 Kentucky Avenue		Transaction ID: 37767115
City Paducah	State KY	
Zip Code 42003-3813		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 Radiotherapy Associates, PSC	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Lorenz Ramseyer		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 11600 W Longhorn Trl		Transaction ID: 37767138
City Drummond	State OK	
Zip Code 73735-1099		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00
Name of Employer Radiology Assoc. of Enid	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. Jeanne W. Baer		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 418 High St		Transaction ID: 37767202
City Closter	State NJ	
Zip Code 07624-2013		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
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) ▼		

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 22 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3735 Maple Ave

City Northbrook State IL Zip Code 60062-4908

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

Name of Employer Triad Radiology & Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2010
Transaction ID: 37767204
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Louis Bujnoch

Mailing Address 2320 Bolsover St

City Houston State TX Zip Code 77005-2612

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

Name of Employer Rose Imaging Specialists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2010
Transaction ID: 37767210
Amount of Each Receipt this Period 500.00

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

Mailing Address 640 Hill Road

City Brentwood State TN Zip Code 37027-4438

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

Name of Employer Radiology Alliance, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2010
Transaction ID: 37767213
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 23 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Laurie Fajardo

Mailing Address 2918 Orchard View Ln NE

City Iowa City State IA Zip Code 52240-7777

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

Name of Employer University of Iowa - Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 37775033
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Elliot Shoemaker

Mailing Address 4375 Farmington Cir

City Allentown State PA Zip Code 18104-1962

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

Name of Employer Lehigh Valley Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 37775034
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William M. Thompson

Mailing Address New Mexico VA Health Care System
1501 San Pedro Dr SE

City Albuquerque State NM Zip Code 87108-5153

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

Name of Employer New Mexico VA Health Care System Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 37775035
Amount of Each Receipt this Period 250.00

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 24 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Judd
 Mailing Address 12701 Post Oak Rd
 City State Zip Code
 Saint Louis MO 63131-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South County Radiologists, Inc. Diagnostic Radiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 2 / 2 0 1 0
Transaction ID: 37775036
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth Lynch, III
 Mailing Address 1320 West Wesley Rd
 City State Zip Code
 Atlanta GA 30327-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quantum 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
 1 2 / 0 2 / 2 0 1 0
Transaction ID: 37775054
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joshua Walsh
 Mailing Address 6430 E Miramar Dr
 City State Zip Code
 Tucson AZ 85715-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arizona State Radiology Diagnostic Radiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 2 / 2 0 1 0
Transaction ID: 37775055
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Benjamin Conner</p> <p>Mailing Address 2720 Nottingham St</p> <p>City State Zip Code Houston TX 77005-2422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greater Houston Radiology Associates</p> <p>Occupation 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 M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0</p> <p>Transaction ID: 37899812</p> <p>Amount of Each Receipt this Period 250.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Dr. John Gillespie</p> <p>Mailing Address 14203 Lake Scene Trail</p> <p>City State Zip Code Houston TX 77059-4407</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greater Houston Radiology Associates</p> <p>Occupation 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 M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0</p> <p>Transaction ID: 37899813</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Son Huynh</p> <p>Mailing Address St Joseph Radiology Associates 3120 Southwest Fwy Ste 530</p> <p>City State Zip Code Houston TX 77098-4510</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greater Houston Radiology Associates</p> <p>Occupation 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 M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0</p> <p>Transaction ID: 37899814</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 26 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Michele Lesslie

Mailing Address 4621 Valerie St

City State Zip Code
Bellaire TX 77401-5819

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899815

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3120 Southwest Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899816

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address St Joseph Radiology Associates
3120 Southwest Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899817

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 27 / 222
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alexander Sardina

Mailing Address St Joseph Radiology Associates
3120 SW Fwy Ste 530

City Houston State TX Zip Code 77098-4510

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 ▼ 250.00

Date of Receipt: 12 / 06 / 2010
Transaction ID: 37899818
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 6903 Maple Creek Ln

City Dallas State TX Zip Code 75252-2738

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

Name of Employer Timothy D. Nichols, M.D., P.A.
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 06 / 2010
Transaction ID: 37899821
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Parham Fox

Mailing Address Radiology Consultants
113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 06 / 2010
Transaction ID: 37899828
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. John McGue		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 909 Ocean Blvd		Transaction ID: 37899829		
	City Isle Of Palms	State SC	Zip Code 29451-2220	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charleston Radiologists, P.A.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. James Jelinek		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address Washington Hospital Center 110 Irving St NW BA94		Transaction ID: 37899833		
	City Washington	State DC	Zip Code 20010-2975	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Center Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 585.00		

C.	Full Name (Last, First, Middle Initial) Dr. Thaddeus Herliczek		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 14 Winterberry Lane		Transaction ID: 37899834		
	City Westport	State MA	Zip Code 02790-2638	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rhode Island Medical Imag- ing	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)

545.00

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 / 222

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Berkenstock

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

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

Name of Employer Occupation
Lancaster Radiology Associates Radiation Oncologist

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

Date of Receipt

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

Transaction ID: 37899835

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cindy Janesky

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

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

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37899842

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kramer

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code
Lancaster PA 17601-5762

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

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37899844

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

234.00

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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Paul Leslie		Date of Receipt MM / DD / YYYY 12 / 06 / 2010
Mailing Address 260 Eshelman Rd		Transaction ID: 37899845
City Lancaster	State PA	Zip Code 17601-5645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lancaster 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. Leigh Shuman		Date of Receipt MM / DD / YYYY 12 / 06 / 2010
Mailing Address Lancaster Radiology Associates PO Box 3555		Transaction ID: 37899847
City Lancaster	State PA	Zip Code 17604-3555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lancaster Radiology Associates	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. Patrick Weybright		Date of Receipt MM / DD / YYYY 12 / 06 / 2010
Mailing Address 1234 Mastersonville Rd		Transaction ID: 37899849
City Manheim	State PA	Zip Code 17545-9461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lancaster 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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Simon Westacott

Mailing Address 1965 Glendower Dr

City State Zip Code
Lancaster PA 17601-4945

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

Name of Employer Occupation
Lancaster Radiology Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 37899850

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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) ▼ 750.00

Date of Receipt

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

Transaction ID: 37899852

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 07030-6730

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) ▼ 750.00

Date of Receipt

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

Transaction ID: 37899853

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899855

Amount of Each Receipt this Period
30.00

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 ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899856

Amount of Each Receipt this Period
30.00

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

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899857

Amount of Each Receipt this Period
30.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Adam Bogomol		Date of Receipt
	Mailing Address 200 W 72nd St Apt 11k		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10023-2805
	FEC ID number of contributing federal political committee. C		Transaction ID: 37899858
Name of Employer Hackensack Radiology Group		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 ▼ 750.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) Dr. Harry Agress, JR		Date of Receipt
	Mailing Address Hackensack University Medical Ctr 30 Prospect Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Hackensack	NJ	07601-1914
	FEC ID number of contributing federal political committee. C		Transaction ID: 37899859
Name of Employer Hackensack Radiology Group		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 ▼ 750.00	<input type="text"/> 30.00

C.	Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert		Date of Receipt
	Mailing Address 124 W 60th St Apt 45		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10023-7451
	FEC ID number of contributing federal political committee. C		Transaction ID: 37899860
Name of Employer Hackensack Radiology Group		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 ▼ 750.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Kavita Patel		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 35 Annfield Ct		Transaction ID: 37899861		
	City Staten Island	State NY	Zip Code 10304-1301	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Dr. Andrew Osiason		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 506 Julie Ct		Transaction ID: 37899862		
	City Wyckoff	State NJ	Zip Code 07481-1101	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Dr. David Panush		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 538 E 84th St Apt 4E		Transaction ID: 37899863		
	City New York	State NY	Zip Code 10028-7357	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 750.00			

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 222

(check only one)

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

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

A.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2010

Transaction ID: 37899864

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2010

Transaction ID: 37899865

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2010

Transaction ID: 37899866

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 222
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Joel Budin	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 140 Chestnut St	Transaction ID: 37899867
	City State Zip Code Englewood NJ 07631-3033	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	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 ▼ 461.52	

B.	Full Name (Last, First, Middle Initial) Dr. Clement Yang	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 555 W 59th St Apt 19E	Transaction ID: 37899868
	City State Zip Code New York NY 10019-1006	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	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 ▼ 461.52	

C.	Full Name (Last, First, Middle Initial) Dr. William Kim	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 405 Golf Course Dr	Transaction ID: 37899869
	City State Zip Code Leonia NJ 07605-1415	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	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 ▼ 461.52	

SUBTOTAL of Receipts This Page (optional)	57.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899870

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 334 W 86th St Apt 4C

City New York State NY Zip Code 10024-3157

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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899871

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 37899872

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 222
(check only one)

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

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

A.

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.75

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

Transaction ID: 37899873

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Regina Chu

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

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 ▼ 442.29

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

Transaction ID: 37899874

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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 ▼ 461.52

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

Transaction ID: 37899875

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

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

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

FOR LINE NUMBER: PAGE 39 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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 ▼ 461.52

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

Transaction ID: 37899876

Amount of Each Receipt this Period
19.23

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

Mailing Address Radiology Associates of Columbus
PO Box 2787

City State Zip Code
Columbus GA 31902-2787

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

Name of Employer Radiology Associates of Columbus, PC Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 37899880

Amount of Each Receipt this Period
500.00

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

Mailing Address 144 Strawberry Ln

City State Zip Code
Ashland OR 97520-2754

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

Name of Employer Roseburg Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 37916324

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **819.23**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 222
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. E Michael Donner, III

Mailing Address Northshore Imaging Assoc, LLC
PO Box 9090

City Mandeville State LA Zip Code 70470-9090

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

Name of Employer Northshore Imaging Assoc, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916326
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Monte Golditch

Mailing Address 7 Broadmoor Ave

City Colorado Springs State CO Zip Code 80906-3641

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

Name of Employer Radiology & Imaging Consultants, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916328
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Suby-Long

Mailing Address 9995 S Stratford Pl

City Highlands Ranch State CO Zip Code 80126-4255

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

Name of Employer Diversified Radiology of Colorado Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916337
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 41 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian Randall

Mailing Address RCI
1948 1st Ave NE

City Cedar Rapids State IA Zip Code 52402-5321

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

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2010
Transaction ID: 37916371
Amount of Each Receipt this Period 250.00

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

Mailing Address 13 Bretwood Dr N

City Colts Neck State NJ Zip Code 07722-2405

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 ▼ 500.00

Date of Receipt 12 / 10 / 2010
Transaction ID: 37916374
Amount of Each Receipt this Period 500.00

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

Mailing Address 6515 Fallwind Ln

City Bethesda State MD Zip Code 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 10 / 2010
Transaction ID: 37916375
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 790.00

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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City State Zip Code
Trent Woods NC 28562-7441

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916376

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Dr. Samuel Buff

Mailing Address Coastal Radiology Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916377

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916378

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code
New Bern NC 28562-6446

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916379

Amount of Each Receipt this Period
80.00

B.

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

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916380

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address Coastal Radiology
PO Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916381

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 / 222
(check only one)

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

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

A.

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

Mailing Address 112 Allen Dr

City State Zip Code
New Bern NC 28562-7751

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916382

Amount of Each Receipt this Period
80.00

B.

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

Mailing Address PO Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916383

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address PO Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916384

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: 37916385

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Dr. Garret Young

Mailing Address 210 Bridge Pointe Dr

City State Zip Code
New Bern NC 28562-6419

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

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: 37916386

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicole Abinanti-Kotula

Mailing Address 5808 Laurium Rd

City State Zip Code
Charlotte NC 28226-5612

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

Name of Employer Mecklenburg Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: 37916387

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **181.00**

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 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Robert Barr		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address Mecklenburg Radiology Assoc PO Box 221249		Transaction ID: 37916388
City Charlotte	State NC	
Zip Code 28222-1249		Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 231.00
Name of Employer Mecklenburg Radiology Associates, P.A.	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. John Black		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 19825 River Falls Dr		Transaction ID: 37916389
City Davidson	State NC	
Zip Code 28036-8869		Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 231.00
Name of Employer Mecklenburg Radiology Associates, P.A.	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. Martin Burns		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 2026 Beverly Drive		Transaction ID: 37916390
City Charlotte	State NC	
Zip Code 28207-2602		Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 231.00
Name of Employer Mecklenburg Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	63.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kevin W. Carroll

Mailing Address 2006 Floral Ave

City State Zip Code
Charlotte NC 28203-6022

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

Name of Employer Occupation
Mecklenburg Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916391

Amount of Each Receipt this Period
21.00

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

Mailing Address 6805 Honors Ct

City State Zip Code
Charlotte NC 28210-4211

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916392

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian H. Hamilton

Mailing Address 7211 Seton House Ln

City State Zip Code
Charlotte NC 28277-4505

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

Name of Employer Occupation
Mecklinburg Rad Assoc Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916393

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Victor Ho

Mailing Address 4539 Mullens Ford Rd

City State Zip Code
Charlotte NC 28226-5038

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916394

Amount of Each Receipt this Period
21.00

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

Mailing Address 3738 Abingdon Rd

City State Zip Code
Charlotte NC 28211-3747

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916395

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
Dr. Erik Insko

Mailing Address 9120 Easton Grey Ln

City State Zip Code
Charlotte NC 28277-2819

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

Name of Employer Occupation
University of PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916396

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► 63.00

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 / 222
(check only one)

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

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

A.

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

Mailing Address 2601 Sedley Rd

City State Zip Code
Charlotte NC 28211-3656

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

Name of Employer Mecklenburg Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916397

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Kapustin

Mailing Address 2608 Flintgrove Rd

City State Zip Code
Charlotte NC 28226-5619

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

Name of Employer Mecklenburg Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916398

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Dr. Frank Kosarek

Mailing Address PO Box 221249

City State Zip Code
Charlotte NC 28222-1249

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: 37916399

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► 63.00

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 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. John Nixon		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 2126 Edenton Rd		Transaction ID: 37916400
City Charlotte	State NC	Zip Code 28211-3852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B.

Full Name (Last, First, Middle Initial) Dr. Robert Quarles		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address Mecklenburg Radiology Assoc PO Box 221249		Transaction ID: 37916401
City Charlotte	State NC	Zip Code 28222-1249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Assoc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

C.

Full Name (Last, First, Middle Initial) Dr. Shawn Quillin		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 4522 N Parview Dr		Transaction ID: 37916402
City Charlotte	State NC	Zip Code 28226-3449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	▶	63.00
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 / 222

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Scanga

Mailing Address 3031 Wickersham Rd

City State Zip Code
Charlotte NC 28211-3222

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

Name of Employer Occupation
Vanderbilt Univ Med Ctr-V-anderbi Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt

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

Transaction ID: 37916403

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Scovill

Mailing Address 127 Wild Harbor Rd

City State Zip Code
 Mooresville NC 28117-6038

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

Name of Employer Occupation
Mecklenburg Radiology Ass-ociates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt

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

Transaction ID: 37916404

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Tobben

Mailing Address 4810 Gaynor Rd

City State Zip Code
Charlotte NC 28211-3023

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

Name of Employer Occupation
Mecklenburg Radiology Ass-ociates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt

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

Transaction ID: 37916405

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Donald Toothman		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 18307 Bowsprit Pointe Road		Transaction ID: 37916406
City Cornelius	State NC	Zip Code 28031-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- oc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel Uri		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 5001 Kimblewyck Ln		Transaction ID: 37916407
City Charlotte	State NC	Zip Code 28226-6465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- ociates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas Zban		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 2051 Brandon Cir		Transaction ID: 37916408
City Charlotte	State NC	Zip Code 28211-1650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Mecklenburg Radiology Ass- ociates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	63.00
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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. 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 & Interventional specialists
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2301.74

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916425
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Dr. Katherine Hall

Mailing Address 5445 Caruth Haven Ln Apt 1223

City State Zip Code
Dallas TX 75225-8158

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

Name of Employer: Southwest Imaging and Interventional S
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916427
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Ruhnke, JR

Mailing Address 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: Southwest Imaging and Interventional S
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 37916437
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Cynthia Sherry	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 6615 Glendora Ave	Transaction ID: 37916438
	City State Zip Code Dallas TX 75230-5219	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Southwest Imaging and Int- erventional S	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.	Full Name (Last, First, Middle Initial) Dr. Harry Agress, JR	Date of Receipt MM / DD / YYYY 12 / 21 / 2010
	Mailing Address Hackensack University Medical Ctr 30 Prospect Ave	Transaction ID: 38070922
	City State Zip Code Hackensack NJ 07601-1914	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert	Date of Receipt MM / DD / YYYY 12 / 21 / 2010
	Mailing Address 124 W 60th St Apt 45	Transaction ID: 38070923
	City State Zip Code New York NY 10023-7451	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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 55 / 222
(check only one)

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

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

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

A.

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

Mailing Address 35 Annfield Ct

City Staten Island State NY Zip Code 10304-1301

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070924
Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 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 ▼ 780.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070925
Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070926
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. 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 ▼ 780.00

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

Transaction ID: 38070927

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

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

Transaction ID: 38070928

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

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

Transaction ID: 38070929

Amount of Each Receipt this Period
30.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 222
(check only one)

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

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

A.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070930

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 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 ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070931

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070932

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. 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 ▼ 780.00
Date of Receipt 12 / 21 / 2010
Transaction ID: 38070933
Amount of Each Receipt this Period 30.00

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 ▼ 780.00
Date of Receipt 12 / 21 / 2010
Transaction ID: 38070934
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol
Mailing Address 200 W 72nd St Apt 11k
City State Zip Code
New York NY 10023-2805
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 21 / 2010
Transaction ID: 38070935
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Regina Chu		Date of Receipt
	Mailing Address 15 Ogle Rd		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Old Tappan	NJ	07675-7028
	FEC ID number of contributing federal political committee. C		Transaction ID: 38070936
Name of Employer Hackensack Radiology Group		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" value="461.52"/>	<input type="text" value="19.23"/>

B.	Full Name (Last, First, Middle Initial) Dr. Sunitha Sunkavalli		Date of Receipt
	Mailing Address 943 High Mountain Rd		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Franklin Lakes	NJ	07417-1619
	FEC ID number of contributing federal political committee. C		Transaction ID: 38070937
Name of Employer Hackensack Radiology Group		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" value="480.75"/>	<input type="text" value="19.23"/>

C.	Full Name (Last, First, Middle Initial) Dr. Margaret Emy		Date of Receipt
	Mailing Address 245 Oxford Dr		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tenafly	NJ	07670-3117
	FEC ID number of contributing federal political committee. C		Transaction ID: 38070938
Name of Employer Hackensack Radiology Group		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" value="480.75"/>	<input type="text" value="19.23"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="57.69"/>
TOTAL 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 60 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City State Zip Code
Englewood NJ 07631-3033

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) ▼ 480.75

Date of Receipt

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

Transaction ID: 38070939

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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) ▼ 480.75

Date of Receipt

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

Transaction ID: 38070940

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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) ▼ 480.75

Date of Receipt

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

Transaction ID: 38070941

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

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 ▼ 480.75

Date of Receipt 12 / 21 / 2010

Transaction ID: 38070942

Amount of Each Receipt this Period 19.23

B.

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

Mailing Address 334 W 86th St Apt 4C

City New York State NY Zip Code 10024-3157

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 ▼ 480.75

Date of Receipt 12 / 21 / 2010

Transaction ID: 38070943

Amount of Each Receipt this Period 19.23

C.

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

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

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 ▼ 480.75

Date of Receipt 12 / 21 / 2010

Transaction ID: 38070944

Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 222
(check only one)

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

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

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070945

Amount of Each Receipt this Period
19.23

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

Mailing Address 307 Geneseo Rd

City State Zip Code
San Antonio TX 78209-6124

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070946

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Dr. Gerald Growcock

Mailing Address 128 Turnberry Way

City State Zip Code
San Antonio TX 78230-5651

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070947

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **5769.23**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 222
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ronald W. Adelman

Mailing Address 39 Steeplechase Drive

City State Zip Code
Holland PA 18966-5313

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

Name of Employer Diagnostic Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

Transaction ID: 38070948

Amount of Each Receipt this Period
230.00

B. Full Name (Last, First, Middle Initial)
Dr. Pradeep Bankulla

Mailing Address 3385 Paper Mill Rd

City State Zip Code
Huntingdon Valley PA 19006-3729

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

Name of Employer Diagnostic Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

Transaction ID: 38070949

Amount of Each Receipt this Period
230.00

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

Mailing Address 530 S 2nd St Apt 637

City State Zip Code
Philadelphia PA 19147-2432

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

Name of Employer Diagnostic Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: 38070950

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional) ► **680.00**

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 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Sonja L. Cerra-Gilch

Mailing Address 1747 Musket Circle

City State Zip Code
Upper Holland PA 19053-1500

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

Name of Employer Occupation
Diagnostic Imaging, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

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

Transaction ID: 38070951

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Coren

Mailing Address Frankford Hosp Torresdale
3998 Red Lion Rd

City State Zip Code
Philadelphia PA 19114-1436

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

Name of Employer Occupation
Diagnostic Imaging, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

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

Transaction ID: 38070953

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eli Dweck

Mailing Address 150 Gramercy Rd.

City State Zip Code
Bala Cynwyd PA 19004-2905

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

Name of Employer Occupation
Diagnostic Imaging, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

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

Transaction ID: 38070954

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address ARIA Hospital
3998 Red Lion Rd

City Philadelphia State PA Zip Code 19114-1439

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

Name of Employer Diagnostic Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070955
Amount of Each Receipt this Period: 230.00

B. Full Name (Last, First, Middle Initial)
Dr. Linda Anne Kloss

Mailing Address 21 Meadow Ln

City Haverford State PA Zip Code 19041-1123

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

Name of Employer Diagnostic Imaging Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070957
Amount of Each Receipt this Period: 230.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce Lehrman

Mailing Address 1068 Hillview Turn

City Huntingdon Valley State PA Zip Code 19006-2817

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

Name of Employer Diagnostic Imaging, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070958
Amount of Each Receipt this Period: 230.00

SUBTOTAL of Receipts This Page (optional) ▶ 690.00

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kavin Mistry

Mailing Address 7 Norbridge Dr

City State Zip Code
Princeton NJ 08540-6119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070959
Amount of Each Receipt this Period: 220.00

B. Full Name (Last, First, Middle Initial)
Dr. Sean Reiter

Mailing Address 186 Livery Dr

City State Zip Code
Churchville PA 18966-1175

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070960
Amount of Each Receipt this Period: 230.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry Sagalow

Mailing Address 246 North Bowman Avenue

City State Zip Code
Merion Station PA 19066-1222

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 21 / 2010
Transaction ID: 38070961
Amount of Each Receipt this Period: 230.00

SUBTOTAL of Receipts This Page (optional) ▶ **680.00**

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 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alec Schoenberger

Mailing Address 210 W Rittenhouse SQ Apt 1809

City State Zip Code
Philadelphia PA 19103-5782

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 ▼ 230.00

Date of Receipt

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

Transaction ID: 38070962

Amount of Each Receipt this Period
230.00

B.

Full Name (Last, First, Middle Initial)
Dr. Barry Siskind

Mailing Address 1415 Hagys Ford Rd

City State Zip Code
Narberth PA 19072-1139

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 ▼ 230.00

Date of Receipt

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

Transaction ID: 38070963

Amount of Each Receipt this Period
230.00

C.

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

Mailing Address 1517 Wynnemoor Way

City State Zip Code
Fort Washington PA 19034-2830

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 ▼ 230.00

Date of Receipt

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

Transaction ID: 38070964

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional)

690.00

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 / 222
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Dr. James Holstein		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 664 W Rolling Rd		Transaction ID: 38070965
City Springfield	State PA	Zip Code 19064-1335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer Diagnostic Imaging, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.

Full Name (Last, First, Middle Initial) Dr. William McGroarty		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 209 Country Club Dr		Transaction ID: 38070966
City Moorestown	State NJ	Zip Code 08057-3977
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer Diagnostic Imaging, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) Dr. Elizabeth L. Tan		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 1133 Waverly Street		Transaction ID: 38070968
City Philadelphia	State PA	Zip Code 19147-1228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer Diagnostic Imaging, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	690.00
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 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. 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) ▼ 960.00

Date of Receipt

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

Transaction ID: 38070969

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 1005 Des Peres Woods Ct.

City State Zip Code
Des Peres MO 63131-2055

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

Name of Employer Occupation
West County Radiological Group Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38070970

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address Bay Radiology Associates, PA
527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

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) ▼ 1300.00

Date of Receipt

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

Transaction ID: 38070971

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

940.00

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 70 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. 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 Occupation
Bay Radiology Associates Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38070972
Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue
Mailing Address 2233 W 33rd St
City State Zip Code
Panama City FL 32405-1915
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) ▼ 1300.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38070973
Amount of Each Receipt this Period
300.00

C. 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) ▼ 1300.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38070974
Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
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 71 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Scott Ramey		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address Bay Radiology Assoc PA PO Box 1770		Transaction ID: 38070975
City Panama City	State FL	Zip Code 32402-1770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bay Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.

Full Name (Last, First, Middle Initial) Dr. James Strohenger		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 2818 Canal Dr		Transaction ID: 38070976
City Panama City	State FL	Zip Code 32405-1610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bay Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) Dr. Emily Billingsley		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 449 Sudduth Ave		Transaction ID: 38070977
City Panama City	State FL	Zip Code 32401-3958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bay Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 / 222
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Jason Browning</p> <p>Mailing Address 1016 Sunset Ln</p> <p>City State Zip Code Lynn Haven FL 32444-3455</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bay Radiology Associates 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 ▼ 1300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2010</p> <p>Transaction ID: 38070978</p> <p>Amount of Each Receipt this Period 300.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Wendy Kriegel</p> <p>Mailing Address 528 S Bonita Ave</p> <p>City State Zip Code Panama City FL 32401-3979</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bay Radiology Associates 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 ▼ 1300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2010</p> <p>Transaction ID: 38070979</p> <p>Amount of Each Receipt this Period 300.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Ole Sami Aassar</p> <p>Mailing Address 1031 Ardsley Rd</p> <p>City State Zip Code Charlotte NC 28207-1815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Charlotte 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 ▼ 294.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2010</p> <p>Transaction ID: 38070980</p> <p>Amount of Each Receipt this Period 144.00</p>
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SUBTOTAL of Receipts This Page (optional)	744.00
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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Ross Bellavia

Mailing Address 8618 Longview Club Dr

City Waxhaw State NC Zip Code 28173-6821

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 ▼ 543.00

Date of Receipt 12 / 21 / 2010
Transaction ID: 38070981
Amount of Each Receipt this Period 291.00

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

Mailing Address 19017 Peninsula Club Dr

City Cornelius State NC Zip Code 28031-5121

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

Name of Employer Cabarrus Radiologists PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt 12 / 21 / 2010
Transaction ID: 38070982
Amount of Each Receipt this Period 291.00

C. Full Name (Last, First, Middle Initial)
Dr. Christina Chaconas

Mailing Address 3908 Foxcroft Rd

City Charlotte State NC Zip Code 28211-3757

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 ▼ 543.00

Date of Receipt 12 / 21 / 2010
Transaction ID: 38070983
Amount of Each Receipt this Period 291.00

SUBTOTAL of Receipts This Page (optional) ► 873.00

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 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. C Peter Chang		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 7113 Fairway Vista Dr		Transaction ID: 38070984
City Charlotte	State NC	Zip Code 28226-6870
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer Charlotte Radiology, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.00	

B.

Full Name (Last, First, Middle Initial) Dr. Jonathan Clemente		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 1620 Biltmore Drive		Transaction ID: 38070985
City Charlotte	State NC	Zip Code 28207-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer NYU/Bellevue/VA Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.00	

C.

Full Name (Last, First, Middle Initial) Dr. Gary De Filipp		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address Charlotte Radiology PA PO Box 36937		Transaction ID: 38070986
City Charlotte	State NC	Zip Code 28236-6937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
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 ▼ 543.00	

SUBTOTAL of Receipts This Page (optional)	▶	873.00
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 / 222
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew Gromet

Mailing Address Charlotte Radiology PA
3030 Latrobe Dr

City State Zip Code
Charlotte NC 28211-4866

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070987

Amount of Each Receipt this Period
291.00

B.

Full Name (Last, First, Middle Initial)
Dr. Olin Harbury

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City State Zip Code
Charlotte NC 28211-4867

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

Name of Employer Occupation
Mercy Hospital Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070988

Amount of Each Receipt this Period
291.00

C.

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

Mailing Address 119 Saint Mellions

City State Zip Code
Pinehurst NC 28374-8104

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070989

Amount of Each Receipt this Period
291.00

SUBTOTAL of Receipts This Page (optional) ► **873.00**

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 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Kimberly Hendrix

Mailing Address 352 Sycamore Ridge Rd NE

City State Zip Code
Concord NC 28025-7806

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) ▼ 387.00

Date of Receipt

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

Transaction ID: 38070990

Amount of Each Receipt this Period
207.00

B.

Full Name (Last, First, Middle Initial)
Dr. Brian Howard

Mailing Address 6632 Summer Darby Lane

City State Zip Code
Charlotte NC 28270-2811

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt

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

Transaction ID: 38070991

Amount of Each Receipt this Period
291.00

C.

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt

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

Transaction ID: 38070992

Amount of Each Receipt this Period
291.00

SUBTOTAL of Receipts This Page (optional)

789.00

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6318 Elm Ct

City State Zip Code
Bellaire TX 77401-3300

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

Name of Employer Occupation
Mount Sinai Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070993

Amount of Each Receipt this Period
291.00

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

Mailing Address 2500 Maynard Rd

City State Zip Code
Charlotte NC 28270-0754

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070994

Amount of Each Receipt this Period
291.00

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

Mailing Address 821 Tanglewood Dr NE

City State Zip Code
Concord NC 28025-2581

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

Name of Employer Occupation
Cabarrus Radiologists PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38070995

Amount of Each Receipt this Period
291.00

SUBTOTAL of Receipts This Page (optional) ► **873.00**

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Peter Kravath

Mailing Address 127 N Tryon St Apt 406

City State Zip Code
Charlotte NC 28202-1107

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt

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

Transaction ID: 38070996
 Amount of Each Receipt this Period
 291.00

B. Full Name (Last, First, Middle Initial)
Dr. Fred Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt

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

Transaction ID: 38070997
 Amount of Each Receipt this Period
 291.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry McGinnis

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt

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

Transaction ID: 38070998
 Amount of Each Receipt this Period
 291.00

SUBTOTAL of Receipts This Page (optional) ► 873.00

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 79 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Mittl, JR
Mailing Address 4733 Coburn Court
City State Zip Code
Charlotte NC 28277-2593
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 753.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38070999
Amount of Each Receipt this Period
291.00

B. Full Name (Last, First, Middle Initial)
Dr. James Oliver, III
Mailing Address 4015 Winterberry Pl
City State Zip Code
Charlotte NC 28210-7329
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology, P.A. Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38071001
Amount of Each Receipt this Period
291.00

C. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy
Mailing Address 2625 Rolling Hills Dr
City State Zip Code
Monroe NC 28110-8408
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1005.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0
Transaction ID: 38071002
Amount of Each Receipt this Period
291.00

SUBTOTAL of Receipts This Page (optional) ► 873.00
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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 983.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071003

Amount of Each Receipt this Period
291.00

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

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City State Zip Code
Charlotte NC 28211-4866

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071004

Amount of Each Receipt this Period
291.00

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

Mailing Address 1228 Firethorne Club Drive

City State Zip Code
Waxhaw NC 28173-6553

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071005

Amount of Each Receipt this Period
291.00

SUBTOTAL of Receipts This Page (optional) ► **873.00**

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 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
Charlotte NC 28211-3325

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071006

Amount of Each Receipt this Period
291.00

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

Mailing Address 160 Pitch Pine Ln

City State Zip Code
Pinehurst NC 28374-9217

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) ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071007

Amount of Each Receipt this Period
291.00

C. Full Name (Last, First, Middle Initial)
Dr. Walter Steele

Mailing Address 2115 Foxcroft Woods Ln

City State Zip Code
Charlotte NC 28211-2666

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 623.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071008

Amount of Each Receipt this Period
347.00

SUBTOTAL of Receipts This Page (optional) ► 929.00

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 82 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7047 Whitemarsh Ct

City State Zip Code
Charlotte NC 28210-4901

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071009

Amount of Each Receipt this Period
291.00

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

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1043.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071010

Amount of Each Receipt this Period
291.00

C. Full Name (Last, First, Middle Initial)
Dr. Terry Wallace

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 387.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: 38071011

Amount of Each Receipt this Period
207.00

SUBTOTAL of Receipts This Page (optional) ► 789.00

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 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. William Carey Werthmuller		Date of Receipt MM / DD / YYYY 12 / 21 / 2010		
	Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 38071012		
	City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 291.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.00			

B.	Full Name (Last, First, Middle Initial) Dr. Joel Wissing		Date of Receipt MM / DD / YYYY 12 / 21 / 2010		
	Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 38071013		
	City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 291.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.00			

C.	Full Name (Last, First, Middle Initial) Dr. James Zuger		Date of Receipt MM / DD / YYYY 12 / 21 / 2010		
	Mailing Address 6011 Bentway Dr		Transaction ID: 38071014		
	City Charlotte	State NC	Zip Code 28226-8052	Amount of Each Receipt this Period 291.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology PA		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.00			

SUBTOTAL of Receipts This Page (optional)	▶	873.00
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 84 / 222
(check only one)

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

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

A.

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

Mailing Address 35 Westland Rd

City State Zip Code
Weston MA 02493-1327

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

Name of Employer Occupation
Newton Wellesley Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2010

Transaction ID: 38071976

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Tomas Jimenez

Mailing Address Ashford Medical Center
29 Calle Washington Ste 501

City State Zip Code
San Juan PR 00907-1521

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

Name of Employer Occupation
Ashford Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2010

Transaction ID: 38071977

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dawn Hastreiter

Mailing Address 16804 166th PI SE

City State Zip Code
Renton WA 98058-9595

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2010

Transaction ID: 38071978

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 85 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2901 Kincade Way SE

City State Zip Code
Hampton Cove AL 35763-8439

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

Name of Employer Radiology of Huntsville, P.C. Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 38071981

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Dr. Kurt Tech

Mailing Address 84 Stephens Rd

City State Zip Code
Grosse Pointe Farm MI 48236-3625

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 ▼ 2000.00

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

Transaction ID: 38071982

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Nathaniel Adamson

Mailing Address 177 Diamond Ct

City State Zip Code
Harrisonburg VA 22801-3414

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

Name of Employer Rockingham Radiologists, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 38071988

Amount of Each Receipt this Period
250.00

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: PAGE 86 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Thomas Loflin		Date of Receipt MM / DD / YYYY 12 / 22 / 2010		
	Mailing Address 7408 Ashland Ln		Transaction ID: 38071989		
	City Birmingham	State AL	Zip Code 35242-2568	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer Birmingham Radiological Group		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. Lonnie Simmons		Date of Receipt MM / DD / YYYY 12 / 22 / 2010		
	Mailing Address Gundersen/Lutheran Medical Center 1900 South Ave C02-002		Transaction ID: 38072015		
	City La Crosse	State WI	Zip Code 54601-5467	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.08		
Name of Employer Gundersen Lutheran Clinic		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. Kevin Phillips		Date of Receipt MM / DD / YYYY 12 / 21 / 2010		
	Mailing Address 70 Etta Ln SW		Transaction ID: 38072017		
	City Rome	State GA	Zip Code 30165-8536	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 Self-Employed		Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1583.34
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 87 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Paul Weiss

Mailing Address St Marks Hospital
1200 E 3900 S

City State Zip Code
Salt Lake City UT 84124-1390

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

Name of Employer Occupation
Utah Imaging Associates, LLC Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38072018

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3211 West 73rd St

City State Zip Code
Tulsa OK 74132-2206

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

Name of Employer Occupation
Diagnostic Imaging Associates Inc. Interventional Radiologist

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

Date of Receipt

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

Transaction ID: 38072019

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 418 Spring House Cv NE

City State Zip Code
Atlanta GA 30307-1187

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 ▼ 400.00

Date of Receipt

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

Transaction ID: 38072025

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 88 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Robert McKinstry, III		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address Mallinckrodt Inst of Radiology 510 S Kingshighway Blvd		Transaction ID: 38072026
City Saint Louis	State MO	Zip Code 63110-1076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Washington University	Occupation Neuro 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. Zachary Martin, JR		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address Rome Radiology Group 1104 Martha Berry Blvd NE		Transaction ID: 38072102
City Rome	State GA	Zip Code 30165-1694
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rome Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Carlos Cardenas		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 2620 Pegasus Dr		Transaction ID: 38072103
City Colorado Springs	State CO	Zip Code 80906-6723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiology & Imaging Consu- ltants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas Knight, JR

Mailing Address 528 Colonial Dr

City State Zip Code
Hilton Head Island SC 29926-2395

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

Name of Employer Occupation
MRI at Belfair Diagnostic Radiologist

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

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

Transaction ID: 38072106

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 6 Ridgewood Rd SW

City State Zip Code
Rome GA 30165-4214

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) ▼ 500.00

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

Transaction ID: 38072110

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 10243 N 99th St

City State Zip Code
Scottsdale AZ 85258-4713

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

Name of Employer Occupation
Medical Diagnostic Imaging Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: 38072111

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 222

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Balasundaram Sekar

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

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076095

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clarence Davis, III

Mailing Address 609 Springlake Rd

City Columbia State SC Zip Code 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 ▼ 1000.00

Date of Receipt

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076136

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903

City Wichita State KS Zip Code 67208-0903

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

Name of Employer Wichita Radiological Group PA Occupation Diagnostic Radiologist

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

Date of Receipt

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076137

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bibb Allen, JR

Mailing Address 3245 E Briarcliff Rd

City Birmingham State AL Zip Code 35223-1304

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

Name of Employer Montclair Baptist Medical Center Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 38076138

Amount of Each Receipt this Period 625.00

B.

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

Mailing Address 23 Moffat Rd

City Waban State MA Zip Code 02468-1112

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

Name of Employer Newton Wellesley Hosp Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 38076139

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Poulton

Mailing Address Aultman Hospital
2600 6th St SW

City Canton State OH Zip Code 44710-1799

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

Name of Employer Aultman Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 38076140

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Gary Geil

Mailing Address West Coast Radiology
1100 N Tustin Ave

City Santa Ana State CA Zip Code 92705-3595

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

Name of Employer Santa Ana Tustin Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: 38076141
 Amount of Each Receipt this Period: 90.00

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

Mailing Address 128 Killarney

City Williamsburg State VA Zip Code 23188-8415

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

Name of Employer Peninsula Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: 38076142
 Amount of Each Receipt this Period: 250.00

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

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

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

Name of Employer Cleveland Clinic Foundation Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: 38076156
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 380.00

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 93 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Tocci

Mailing Address 437 Triton Road

City State Zip Code
Ormond Beach FL 32176-5459

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

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Daytona Beach

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

Date of Receipt

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

Transaction ID: 38076157

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 7 Cypress Hollow Ln

City State Zip Code
Ormond Beach FL 32174-3047

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

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Daytona Beach

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: 38076158

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

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

Name of Employer Occupation
Lenoir Radiology Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38076159

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ►

200.00

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 94 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Andrew Beloni		Date of Receipt																				
	Mailing Address 5624 Laurium Rd		<table border="1"><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>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	1	5	/	2	0	1	0													
	City State Zip Code Charlotte NC 28226-5610		Transaction ID: 38076160																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00																					
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00																					

B.	Full Name (Last, First, Middle Initial) Dr. Ira Adler		Date of Receipt																				
	Mailing Address 879 Lexington Dr		<table border="1"><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>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	1	5	/	2	0	1	0													
	City State Zip Code Greenville NC 27834-0549		Transaction ID: 38076162																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00																					
Name of Employer Occupation Eastern Radiologists Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00																					

C.	Full Name (Last, First, Middle Initial) Dr. David Buck		Date of Receipt																				
	Mailing Address 272 Harrison Rd		<table border="1"><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>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	1	5	/	2	0	1	0													
	City State Zip Code Turtle Creek PA 15145-1042		Transaction ID: 38076163																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00																					
Name of Employer Occupation Radiologic Consultants, Ltd. Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 388.20																					

SUBTOTAL of Receipts This Page (optional)	127.00
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 95 / 222
(check only one)

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

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

A.

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

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

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

Name of Employer Diagnostic Radiology Consultants, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 793.38

Date of Receipt

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076164

Amount of Each Receipt this Period

83.34

B.

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

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

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Rad Assoc of Birmingham PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076165

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 3141 Sundance Path

City Stevensville State MI Zip Code 49127-9376

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

Name of Employer Radiology Associates of Berrie Occupation Diagnostic Radiologist

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

Date of Receipt

MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076166

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

225.34

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 96 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2763 Brownfield Way

City State Zip Code
Sumter SC 29150-2254

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

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

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

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

Transaction ID: 38076167

Amount of Each Receipt this Period
20.00

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

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
Dallas TX 75254-8613

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2510.08

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

Transaction ID: 38076168

Amount of Each Receipt this Period
208.34

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

Mailing Address 17 Hillwood Rd

City State Zip Code
Mobile AL 36608-2311

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

Name of Employer Occupation
Radiology Associates of Mobile Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 553.25

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

Transaction ID: 38076169

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 270.34

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 97 / 222
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Demetrius Morros</p> <p>Mailing Address 7418 Ridgecrest Court Rd</p> <p>City State Zip Code Birmingham AL 35242-0525</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Birmingham Radiological Group P.C.</p> <p>Occupation 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 ▼ 1000.08</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 38076170</p> <p>Amount of Each Receipt this Period 83.34</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema</p> <p>Mailing Address 2466 Oak Bend Pl</p> <p>City State Zip Code Newburgh IN 47630-8053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Center of Delaware</p> <p>Occupation 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 ▼ 720.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 38076171</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Rita Freimanis</p> <p>Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd</p> <p>City State Zip Code Winston Salem NC 27157-1088</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wake Forest Univ Sch of Medicine</p> <p>Occupation 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 ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 38076172</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	168.34
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 98 / 222
(check only one)

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

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

A.

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

Mailing Address 1480 Brookfield Rd

City State Zip Code
Yardley PA 19067-3930

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

Name of Employer
Radiology Affiliates of Central New Je

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076173

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984

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

Name of Employer
Windsong Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076174

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address Radiology of Huntsville
2006 Franklin St SE Ste 200

City State Zip Code
Huntsville AL 35801-4537

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

Name of Employer
Baptist Medical Ctr-Montclair

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 38076175

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 222

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul Lampert		Date of Receipt
	Mailing Address 11595 E 26th Street		<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 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Yuma	AZ	85367-2203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 38076176
Name of Employer MDIG		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"/> 125.00
		<input type="text"/> 1500.00	

B.	Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III		Date of Receipt
	Mailing Address 52 Harwich Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Chestnut Hill	MA	02467-3023
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 38076177
Name of Employer Deaconess Hospital		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"/> 500.04	

C.	Full Name (Last, First, Middle Initial) Dr. Amy Sobel		Date of Receipt
	Mailing Address 11104 Creek Point 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 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Matthews	NC	28105-7702
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 38076179
Name of Employer Charlotte Radiology		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"/> 25.00
		<input type="text"/> 275.00	

SUBTOTAL of Receipts This Page (optional) ▶

191.67

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 100 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7109 Cove Pointe PI

City Prospect State KY Zip Code 40059-9680

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: 38076182
 Amount of Each Receipt this Period: 42.00

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

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City Saint Cloud State MN Zip Code 56303-1900

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

Name of Employer: Regional Diagnostic Radiology
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.08

Date of Receipt: 12 / 15 / 2010
Transaction ID: 38076185
 Amount of Each Receipt this Period: 208.34

C. Full Name (Last, First, Middle Initial)
Dr. Holly Burge

Mailing Address 14248 Wyndfield Circle

City Raleigh State NC Zip Code 27615-1317

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

Name of Employer: Wake Radiology
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076218
 Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► **370.34**

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 101 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Robert Alexan Cerwin		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 2501 Lewis Farm Rd		Transaction ID: 38076219
City Raleigh	State NC	Zip Code 27608-1911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology Consultant- s, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Dr. George Coates		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address Wake Radiology & Consultants PO Box 19368		Transaction ID: 38076220
City Raleigh	State NC	Zip Code 27619-9368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology & Consulta- nts	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Dr. Karen Coates		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 106 Baybrook Ct		Transaction ID: 38076221
City Cary	State NC	Zip Code 27518-9422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology Consultant- s, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 102 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 113 Arrowstone Ct

City State Zip Code
Morrisville NC 27560-6977

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

Name of Employer Wake Radiology Consultant-s, P.A. 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
1 2 / 2 3 / 2 0 1 0

Transaction ID: 38076222

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan Fein

Mailing Address 652 Pendleton Lake Road

City State Zip Code
Raleigh NC 27614-9093

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

Name of Employer Wake Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 38076223

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Haugan

Mailing Address 3021 Cranesbill Dr

City State Zip Code
Raleigh NC 27613-6579

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

Name of Employer Wake Radiology Consultant-s, P.A. 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
1 2 / 2 3 / 2 0 1 0

Transaction ID: 38076225

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Lyndon Jordan, III

Mailing Address 2301 White Oak Rd

City Raleigh State NC Zip Code 27608-1455

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

Name of Employer Wake Radiology Consultant-s, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076226
Amount of Each Receipt this Period: 120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Susan Kennedy

Mailing Address 1709 Knox Rd

City Raleigh State NC Zip Code 27608-1150

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076227
Amount of Each Receipt this Period: 120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Peter Leuchtman

Mailing Address 131 Magnolia Breeze Ct

City Apex State NC Zip Code 27502-3790

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

Name of Employer Wake Radiology Consultant-s, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076229
Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 104 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Wake Radiology
PO Box 19368

City Raleigh State NC Zip Code 27619-9368

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076230
 Amount of Each Receipt this Period: 150.00

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

Mailing Address Wake Radiology
3949 Browning Pl

City Raleigh State NC Zip Code 27609-6504

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076231
 Amount of Each Receipt this Period: 120.00

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

Mailing Address 113 Baybrook Ct

City Cary State NC Zip Code 27511-9422

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

Name of Employer Wake Radiology Consultant-s, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076232
 Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► 390.00

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 105 / 222
(check only one)

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

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

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

A.

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

Mailing Address 220 Gilliam St

City State Zip Code
Oxford NC 27565-3310

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

Name of Employer Wake Radiology Consultant-s, P.A. 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
1 2 / 2 3 / 2 0 1 0

Transaction ID: 38076233

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carroll Overton

Mailing Address 1709 Knox Rd

City State Zip Code
Raleigh NC 27608-1150

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

Name of Employer Wake Radiology Consultant-s, P.A. 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
1 2 / 2 3 / 2 0 1 0

Transaction ID: 38076235

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles Pope

Mailing Address 1408 Olive Chapel Road

City State Zip Code
Apex NC 27502-8511

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

Name of Employer Wake Radiology Consultant-s, P.A. 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
1 2 / 2 3 / 2 0 1 0

Transaction ID: 38076236

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 222

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Pretter

Mailing Address 12325 Camberwell Ct

City State Zip Code
Raleigh NC 27614-8933

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

Name of Employer Occupation
Wake Radiology Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38076238

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Ross

Mailing Address 2901 Fairview Rd

City State Zip Code
Raleigh NC 27608-1129

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

Name of Employer Occupation
Wake Radiology Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38076239

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Philip Saba

Mailing Address 1017 Heyden Ct

City State Zip Code
Raleigh NC 27614-7250

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

Name of Employer Occupation
Wake Radiology Consultants Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt

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

Transaction ID: 38076240

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Robert Schaaf		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address Wake Radiology 3949 Browning PI		Transaction ID: 38076241
City Raleigh	State NC	Zip Code 27609-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Dr. John Spargo		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address Wake Radiology 3949 Browning PI		Transaction ID: 38076242
City Raleigh	State NC	Zip Code 27609-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology Consultants, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Dr. William Vanarthos		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address Wake Radiology Consultants P.A. 3949 Browning PI		Transaction ID: 38076243
City Raleigh	State NC	Zip Code 27609-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Wake Radiology Consultants P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 222
(check only one)

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

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

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

Mailing Address 7713 Oakmont Pl

City Raleigh State NC Zip Code 27615-5492

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076244
Amount of Each Receipt this Period: 120.00

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

Mailing Address 8729 Valentine Ct

City Raleigh State NC Zip Code 27615-5830

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: 38076245
Amount of Each Receipt this Period: 120.00

C. Full Name (Last, First, Middle Initial)
Dr. Nancy Bolanis

Mailing Address 55 Perthshire Rd

City Brighton State MA Zip Code 02135-1635

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

Name of Employer Newton Wellesley Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 27 / 2010
Transaction ID: 38078477
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 490.00

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 109 / 222
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Tyler Prout

Mailing Address 5853 Persimmon Dr

City State Zip Code
Fitchburg WI 53711-5005

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

Name of Employer University of Wisconsin Health
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2010

Transaction ID: 38078479

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kathryn Evers

Mailing Address 1012 Bryn Mawr Ave

City State Zip Code
Narberth PA 19072-1406

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

Name of Employer Fox Chase Cancer Center
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2010

Transaction ID: 38078480

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Rourke Stay

Mailing Address 5406 Roaring Branch Rd

City State Zip Code
Columbus GA 31904-2828

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

Name of Employer Radiology Associates of Columbus
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2010

Transaction ID: 38082068

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 110 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ian Ch'en

Mailing Address 17327 NE 126th PI

City State Zip Code
Redmond WA 98052-2295

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 38082069

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 17 Ross Rd

City State Zip Code
Belmont MA 02478-2114

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

Name of Employer Occupation
Newton Wellesley Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 38082070

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jonas Berman

Mailing Address Lowell General Hosp
295 Varnum Ave

City State Zip Code
Lowell MA 01854-2134

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

Name of Employer Occupation
Commonwealth Radiology Associates, Inc Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: 38085101

Amount of Each Receipt this Period
420.00

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

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 111 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Elise Connell-Boudoya		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address Hartford Hospital 85 Seymour St		Transaction ID: 38085103
City Hartford	State CT	Zip Code 06106-5504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Dr. Wei Du		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 75 Rogers Rd		Transaction ID: 38085104
City Carlisle	State MA	Zip Code 01741-1866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.

Full Name (Last, First, Middle Initial) Dr. Timothy Hough		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address PO Box 192		Transaction ID: 38085108
City Prides Crossing	State MA	Zip Code 01965-0192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.68
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.68	

SUBTOTAL of Receipts This Page (optional)	921.68
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 112 / 222
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Courtney Neff		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address Salem Hospital 81 Highland Ave		Transaction ID: 38085111
City Salem	State Zip Code MA 01970-2768	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Erik Nine		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 213 Dedham Ave		Transaction ID: 38085112
City Needham	State Zip Code MA 02492-3036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. M Christian Semine		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address Union Hospital 500 Lynnfield St		Transaction ID: 38085114
City Lynn	State Zip Code MA 01904-1424	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer Commonwealth Radiology Associates, Inc	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 420.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1170.00
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 113 / 222
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bruce Stewart

Mailing Address 235 Dodge St

City State Zip Code
Beverly MA 01915-1275

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

Name of Employer Commonwealth Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085115

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alvin Yamamoto

Mailing Address 62 LedgeLawn Ave

City State Zip Code
Lexington MA 02420-3449

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

Name of Employer Commonwealth Radiology Associates, Inc
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085117

Amount of Each Receipt this Period
420.00

C.

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

Mailing Address 2320 Cromwell Cir

City State Zip Code
Davenport IA 52807-2833

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

Name of Employer Radiology Group, P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085122

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1370.00**

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 114 / 222
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Karen Goodhope

Mailing Address 43 Aberdeen Pl

City State Zip Code
Saint Louis MO 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 ▼ 1580.50

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38085123
Amount of Each Receipt this Period: 584.50

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

Mailing Address 15941 Kettington Rd

City State Zip Code
Chesterfield MO 63017-7329

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 ▼ 1580.50

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38085124
Amount of Each Receipt this Period: 584.50

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

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38085125
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1419.00**

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 115 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Amanda Ferrell

Mailing Address 1606 Blair St

City State Zip Code
Little Rock AR 72207-5302

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

Name of Employer
Radiology Consultants of Little Rock

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085126

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

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

Name of Employer
Radiology Consultants of Little Rock

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085127

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Clinton Fuller, III

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

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

Name of Employer
Radiology Consultants of Little Rock

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085128

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 116 / 222

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Scott Harter		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	9		2	0	1	0													
Mailing Address Radiology Consultants 9601 Lile Dr Ste 1100		Transaction ID: 38085129																				
City Little Rock	State AR	Zip Code 72205-6333																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																						

B.

Full Name (Last, First, Middle Initial) Dr. David Hays		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	9		2	0	1	0													
Mailing Address 18 Farnham Loop		Transaction ID: 38085130																				
City Little Rock	State AR	Zip Code 72223-9199																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																						

C.

Full Name (Last, First, Middle Initial) Dr. Michael King		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	9		2	0	1	0													
Mailing Address Rad Consultants of Little Rock 9601 Lile Dr Ste 1100		Transaction ID: 38085131																				
City Little Rock	State AR	Zip Code 72205-6333																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>750.00</td></tr></table>	750.00
750.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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 117 / 222		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Dr. David Kolb		Date of Receipt																					
	Mailing Address 25 Talais Dr		<table border="1"> <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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	9		2	0	1	0														
	City State Zip Code Little Rock AR 72223-9129		Transaction ID: 38085132																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Radiology Consultants of Little Rock Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Ronald J. Martin		Date of Receipt																					
	Mailing Address 110 Buckland Pl		<table border="1"> <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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	9		2	0	1	0														
	City State Zip Code Little Rock AR 72223-4567		Transaction ID: 38085133																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Radiology Consultants of Little Rock Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Joseph Murphy		Date of Receipt																					
	Mailing Address 48 Hickory Hills Cir		<table border="1"> <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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	9		2	0	1	0														
	City State Zip Code Little Rock AR 72212-2766		Transaction ID: 38085134																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Radiology Consultants of Little Rock Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		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 118 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Radiology Consultants of Little Ro
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2010

Transaction ID: 38085135

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. W Dale Perrymore

Mailing Address 6 Courts Dr

City Little Rock State AR Zip Code 72223-9021

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2010

Transaction ID: 38085136

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth Robbins

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock+ Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2010

Transaction ID: 38085137

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 119 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1515 Wetherborne Dr

City State Zip Code
Little Rock AR 72211-6125

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

Name of Employer: Radiology Consultants of Little Rock
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
1	2	/	2	9	/	2	0	1	0

Transaction ID: 38085139

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City State Zip Code
Little Rock AR 72212-3697

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

Name of Employer: Radiology Consultants of Little Rock
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 38085140

Amount of Each Receipt this Period
250.00

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

Mailing Address 18 Masters Cir

City State Zip Code
Little Rock AR 72212-3304

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

Name of Employer: Radiology Consultants of Little Rock
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
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Transaction ID: 38085141

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 222
(check only one)

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert Stuckey		Date of Receipt MM / DD / YYYY 12 / 29 / 2010		
	Mailing Address 216 Buckland Cir		Transaction ID: 38085142		
	City Little Rock	State AR	Zip Code 72223-4534	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Alan Williams		Date of Receipt MM / DD / YYYY 12 / 29 / 2010		
	Mailing Address 55 Robinwood Dr		Transaction ID: 38085143		
	City Little Rock	State AR	Zip Code 72227-2238	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Richard Aizpuru		Date of Receipt MM / DD / YYYY 12 / 29 / 2010		
	Mailing Address 3200 West 44th St		Transaction ID: 38085144		
	City Minneapolis	State MN	Zip Code 55410-1435	Amount of Each Receipt this Period 520.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Paul Radiology PA	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1020.00
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 121 / 222
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew Baldwin

Mailing Address 865 Mark Avenue Ct N

City State Zip Code
Lake Elmo MN 55042-7600

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085145

Amount of Each Receipt this Period
390.00

B.

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

Mailing Address 4340 Reiland Ln

City State Zip Code
Shoreview MN 55126-3131

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085146

Amount of Each Receipt this Period
390.00

C.

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

Mailing Address 3036 W Lake St Unit 203

City State Zip Code
Minneapolis MN 55416-5235

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085147

Amount of Each Receipt this Period
390.00

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

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 122 / 222
(check only one)

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

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

A.

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

Mailing Address 166 4th St E

City State Zip Code
Saint Paul MN 55101-1400

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085148

Amount of Each Receipt this Period
390.00

B.

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

Mailing Address 6621 Iroquois Trl

City State Zip Code
Edina MN 55439-1015

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

Name of Employer St Paul Radiology PA Occupation Interventional Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085149

Amount of Each Receipt this Period
520.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dominic Frecentese

Mailing Address 518 Liberty Pkwy

City State Zip Code
Stillwater MN 55082-8395

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085151

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional) ► **1270.00**

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 123 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ronnell Hansen

Mailing Address 1414 E Pond Rd

City State Zip Code
Eagan MN 55122-2879

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085152

Amount of Each Receipt this Period
520.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Hartigan

Mailing Address 9852 Adam Ave

City State Zip Code
Inver Grove Height MN 55077-4729

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085153

Amount of Each Receipt this Period
520.00

C.

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

Mailing Address 317 Woodlawn Ave

City State Zip Code
Saint Paul MN 55105-1239

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085154

Amount of Each Receipt this Period
390.00

SUBTOTAL of Receipts This Page (optional) ► **1430.00**

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 124 / 222
(check only one)

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

A.

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

Mailing Address St Paul Radiology PA
166 4th St E Ste 100

City State Zip Code
Saint Paul MN 55101-1474

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085155

Amount of Each Receipt this Period
260.00

B.

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

Mailing Address 14 Island Rd

City State Zip Code
North Oaks MN 55127-2608

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085156

Amount of Each Receipt this Period
520.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anders Knutzen

Mailing Address 259 Woodlawn Ave

City State Zip Code
Saint Paul MN 55105-1238

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

Name of Employer St Paul Radiology, PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085157

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 125 / 222
(check only one)

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

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

A.

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

Mailing Address 699 Sylvandale Ct. N

City State Zip Code
Saint Paul MN 55118-1714

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

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

Transaction ID: 38085158

Amount of Each Receipt this Period
520.00

B.

Full Name (Last, First, Middle Initial)
Dr. Deborah Longley

Mailing Address 1516 Edgcumbe Rd

City State Zip Code
Saint Paul MN 55116-2301

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) ▼ 260.00

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

Transaction ID: 38085159

Amount of Each Receipt this Period
260.00

C.

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

Mailing Address 4604 Moorland Ave

City State Zip Code
Edina MN 55424-1159

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

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

Transaction ID: 38085160

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 126 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Alexandra Muschenheim

Mailing Address 2294 Stanford Ct

City State Zip Code
Saint Paul MN 55105-1225

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085161

Amount of Each Receipt this Period
1040.00

B.

Full Name (Last, First, Middle Initial)
Dr. Theodore Passe

Mailing Address 280 Saint Andrews Dr

City State Zip Code
Hudson WI 54016-8072

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085162

Amount of Each Receipt this Period
260.00

C.

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

Mailing Address 4187 Amberleaf Trl

City State Zip Code
Eagan MN 55123-1498

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

Name of Employer St Paul Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085163

Amount of Each Receipt this Period
390.00

SUBTOTAL of Receipts This Page (optional) ► 1690.00

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 127 / 222
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Vladimir Savchenko

Mailing Address 168 6th St E Unit 4501

City State Zip Code
Saint Paul MN 55101-2908

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085164

Amount of Each Receipt this Period: 260.00

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

Mailing Address 15 Lost Rock Ln

City State Zip Code
North Oaks MN 55127-2617

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085165

Amount of Each Receipt this Period: 210.00

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

Mailing Address 2637 E Lake Of Isles Pkwy

City State Zip Code
Minneapolis MN 55408-1052

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085166

Amount of Each Receipt this Period: 260.00

SUBTOTAL of Receipts This Page (optional) ► **730.00**

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 128 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1510 Edgcumbe Rd

City State Zip Code
Saint Paul MN 55116-2301

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

Name of Employer Occupation
St Paul Radiology PA 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
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085167

Amount of Each Receipt this Period
260.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan Truman

Mailing Address 767 Linwood Ave

City State Zip Code
Saint Paul MN 55105-3323

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

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

Transaction ID: 38085168

Amount of Each Receipt this Period
520.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Weinmann, IV

Mailing Address 4230 Cedarwood Rd

City State Zip Code
Saint Louis Park MN 55416-3827

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

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

Transaction ID: 38085169

Amount of Each Receipt this Period
390.00

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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 129 / 222
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Keith Wittenberg

Mailing Address 1780 Mississippi River Blvd S

City State Zip Code
Saint Paul MN 55116-2650

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085170

Amount of Each Receipt this Period
520.00

B.

Full Name (Last, First, Middle Initial)
Dr. Peter Wold

Mailing Address 1976 Pine Ridge Dr

City State Zip Code
Saint Paul MN 55118-4747

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

Name of Employer Occupation
St Paul Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38085171

Amount of Each Receipt this Period
520.00

C.

Full Name (Last, First, Middle Initial)
Dr. Justine Dautenhahn

Mailing Address 149 Lake Aluma Drive

City State Zip Code
Oklahoma City OK 73121-3401

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

Name of Employer Occupation
Norman Radiology Services, Inc. Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219551

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1540.00**

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 130 / 222

(check only one)

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

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

A.

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

Mailing Address 1300 11th St SW

City State Zip Code
Minot ND 58701-5744

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) ▼ 500.00

Date of Receipt

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

Transaction ID: 38219554

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Dean Tyrell

Mailing Address 6215 Elliott Ct

City State Zip Code
Coopersburg PA 18036-9743

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

Name of Employer Occupation
Progressive Physician Associates Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 38219558

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Norman Crocker

Mailing Address 1387 S Hametown Rd

City State Zip Code
Copley OH 44321-1831

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

Name of Employer Occupation
Wadsworth Imaging, 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
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 131 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8040 Woodpecker Trl

City State Zip Code
Jacksonville FL 32256-7333

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

Name of Employer Occupation
Mayo Clinic Jacksonville Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219574

Amount of Each Receipt this Period
500.00

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

Mailing Address 530 Rolling Glen Drive

City State Zip Code
Horsham PA 19044-1169

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

Name of Employer Occupation
Radiology Associates of Main Line Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219578

Amount of Each Receipt this Period
250.00

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

Mailing Address 315 E Santa Fe Rd

City State Zip Code
Chillicothe IL 61523-9383

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

Name of Employer Occupation
Peoria Radiology Assoc Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219584

Amount of Each Receipt this Period
1000.00

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 132 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Cody Cox

Mailing Address 4702 111th St

City Lubbock State TX Zip Code 79424-7359

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

Name of Employer Lubbock Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38219585
Amount of Each Receipt this Period: 500.00

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

Mailing Address 3528 Purdue Ave

City Dallas State TX Zip Code 75225-7400

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

Name of Employer University of Texas Southwestern Medic Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38219617
Amount of Each Receipt this Period: 250.00

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

Mailing Address 420 E Curling Dr

City Boise State ID Zip Code 83702-1901

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

Name of Employer Gem State Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt: 12 / 29 / 2010
Transaction ID: 38219619
Amount of Each Receipt this Period: 238.10

SUBTOTAL of Receipts This Page (optional) ► 988.10

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Curtis Coulam</p> <p>Mailing Address 877 W. Main St. Suite 603</p> <p>City State Zip Code Boise ID 83702-5883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Imaging Center Radiologists, LLP</p> <p>Occupation 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 ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219620</p> <p>Amount of Each Receipt this Period 238.10</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Ian Davey</p> <p>Mailing Address 2107 Bluestem Ln</p> <p>City State Zip Code Boise ID 83706-6117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gem State Radiology</p> <p>Occupation Diagnostic Radiology</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219621</p> <p>Amount of Each Receipt this Period 238.10</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Ian Davey</p> <p>Mailing Address 877 W. Main St. Suite 603</p> <p>City State Zip Code Boise ID 83702-5883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Imaging Center Radiologists, LLP</p> <p>Occupation 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 ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219623</p> <p>Amount of Each Receipt this Period 238.10</p>
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. 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 ▼
238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219624

Amount of Each Receipt this Period
238.10

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

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219625

Amount of Each Receipt this Period
238.10

C. Full Name (Last, First, Middle Initial)
Dr. Vicken Garabedian

Mailing Address 877 W Main St Ste 603

City State Zip Code
Boise ID 83702-6070

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 ▼
238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219626

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ▶ **714.30**

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

A.

Full Name (Last, First, Middle Initial)
Dr. Vicken Garabedian

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
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1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219627

Amount of Each Receipt this Period
238.10

B.

Full Name (Last, First, Middle Initial)
Dr. Anthony Giauque

Mailing Address 4274 N Grenadier Ave

City State Zip Code
Boise ID 83713-2084

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

Name of Employer Gem State Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

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

Transaction ID: 38219628

Amount of Each Receipt this Period
238.10

C.

Full Name (Last, First, Middle Initial)
Dr. Anthony Giauque

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
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1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219629

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ► **714.30**

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

A. Full Name (Last, First, Middle Initial)
Dr. Reginald Joseph Gobel

Mailing Address 2400 Shaw Mountain Rd

City State Zip Code
Boise ID 83712-6647

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gem State Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219630

Amount of Each Receipt this Period 238.10

B. Full Name (Last, First, Middle Initial)
Dr. Reginald J. Gobel

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219631

Amount of Each Receipt this Period 238.10

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey T. Hall

Mailing Address St Alphonus Regional Med Center
1055 N Curtis Rd

City State Zip Code
Boise ID 83706-1352

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gem State Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219632

Amount of Each Receipt this Period 238.10

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey T. Hall

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt

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1	2	/	2	9	/	2	0	1	0

Transaction ID: 38219644
 Amount of Each Receipt this Period
238.10

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

Mailing Address 788 W Bogus View Dr

City State Zip Code
Eagle ID 83616-5876

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

Name of Employer Gem State Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt

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

Transaction ID: 38219645
 Amount of Each Receipt this Period
238.10

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

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt

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Transaction ID: 38219646
 Amount of Each Receipt this Period
238.10

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

A. Full Name (Last, First, Middle Initial)
Dr. John Q. Knochel

Mailing Address 2148 Parkside Dr

City State Zip Code
Boise ID 83712-7509

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

Name of Employer Occupation
Gem State Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219647

Amount of Each Receipt this Period
238.10

B. Full Name (Last, First, Middle Initial)
Dr. John Q. Knochel

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219648

Amount of Each Receipt this Period
238.10

C. Full Name (Last, First, Middle Initial)
Dr. Dallas Peck

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 Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 38219651

Amount of Each Receipt this Period
238.10

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Dallas Peck</p> <p>Mailing Address 877 W. Main St. Suite 603</p> <p>City State Zip Code Boise ID 83702-5883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Imaging Center Radiologists, LLP</p> <p>Occupation 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 ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219652</p> <p>Amount of Each Receipt this Period 238.10</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Jason Salber</p> <p>Mailing Address 755 Troutner Way</p> <p>City State Zip Code Boise ID 83712-7546</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gem State Radiology</p> <p>Occupation 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 ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219653</p> <p>Amount of Each Receipt this Period 238.10</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Jason Salber</p> <p>Mailing Address 877 W. Main St. Suite 603</p> <p>City State Zip Code Boise ID 83702-5883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Imaging Center Radiologists, LLP</p> <p>Occupation 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 ▼ 238.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 38219654</p> <p>Amount of Each Receipt this Period 238.10</p>
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

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

Mailing Address 2830 S Daybreak Ave

City State Zip Code
Meridian ID 83642-4654

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

Name of Employer Occupation
Gem State Radiology, LLP Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.10

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

Transaction ID: 38219655

Amount of Each Receipt this Period
238.10

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

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

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

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.10

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

Transaction ID: 38219656

Amount of Each Receipt this Period
238.10

C. Full Name (Last, First, Middle Initial)
Dr. Howard Schaff

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 Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.10

Date of Receipt
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Transaction ID: 38219657

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ► 714.30

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

A. Full Name (Last, First, Middle Initial)
Dr. Howard Schaff

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
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 1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219658

Amount of Each Receipt this Period
238.10

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

Mailing Address 604 Hearthstone Dr

City State Zip Code
Boise ID 83702-1820

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

Name of Employer Gem State Radiology
Occupation Diagnostic Radiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

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

Transaction ID: 38219659

Amount of Each Receipt this Period
238.10

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

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Imaging Center Radiologists, LLP
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
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Transaction ID: 38219660

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ► **714.30**

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

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

A.

Full Name (Last, First, Middle Initial)
Caroline Sobota, M.D.

Mailing Address 417 Indigo Springs St

City State Zip Code
Henderson NV 89014-3739

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 ▼ 238.10

Date of Receipt

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

Transaction ID: 38219766

Amount of Each Receipt this Period

238.10

B.

Full Name (Last, First, Middle Initial)
Dr. Caroline Sobota

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

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

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.10

Date of Receipt

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

Transaction ID: 38219767

Amount of Each Receipt this Period

238.10

C.

Full Name (Last, First, Middle Initial)
Dr. Bertram Stemmler

Mailing Address 1626 E Nines Point Ln

City State Zip Code
Boise ID 83702-1864

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

Name of Employer Occupation
Gem State Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.10

Date of Receipt

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

Transaction ID: 38219769

Amount of Each Receipt this Period

238.10

SUBTOTAL of Receipts This Page (optional)

714.30

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bertram Stemmler

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Occupation
Imaging Center Radiologists, LLP Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 238.10

Date of Receipt

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

Transaction ID: 38219771

Amount of Each Receipt this Period

238.10

B.

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

Mailing Address 2472 W Sugar Crest Dr

City State Zip Code
Eagle ID 83616-6756

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

Name of Employer Occupation
Gem State Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 238.10

Date of Receipt

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

Transaction ID: 38219772

Amount of Each Receipt this Period

238.10

C.

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

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

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

Name of Employer Occupation
Imaging Center Radiologists, LLP Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 238.10

Date of Receipt

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

Transaction ID: 38219832

Amount of Each Receipt this Period

238.10

SUBTOTAL of Receipts This Page (optional)

714.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carolyn Coffman, M.D.

Mailing Address 877 W Main St
Ste 603

City State Zip Code
Boise ID 83702-6070

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 ▼
238.10

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

Transaction ID: 38219833

Amount of Each Receipt this Period
238.10

B. Full Name (Last, First, Middle Initial)
Dr. Carolyn Coffman

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.10

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219834

Amount of Each Receipt this Period
238.10

C. Full Name (Last, First, Middle Initial)
Dr. Randy James

Mailing Address 15223 Trinity Lane

City State Zip Code
Caldwell ID 83607-8374

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 ▼
338.10

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219835

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ► **714.30**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Randy James

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Imaging Center Radiologists, LLP Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219836

Amount of Each Receipt this Period
238.10

B. Full Name (Last, First, Middle Initial)
Dr. Lisa M. Scales

Mailing Address 2185 Ridgecrest Dr

City State Zip Code
Boise ID 83712-6673

FEC ID number of contributing federal political committee. **C**

Name of Employer Gem State Radiology Occupation Diagnostic Radiology

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219839

Amount of Each Receipt this Period
238.10

C. Full Name (Last, First, Middle Initial)
Dr. Lisa Scales

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Imaging Center Radiologists, LLP Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219840

Amount of Each Receipt this Period
238.10

SUBTOTAL of Receipts This Page (optional) ► **714.30**

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 146 / 222

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Shane McGonegle

Mailing Address 2332 N Pleasant Hill Way

City State Zip Code
Boise ID 83702-5072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gem State Radiology, LLP Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219841

Amount of Each Receipt this Period

238.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shane McGonegle

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Imaging Center Radiologis- Diagnostic Radiologist
is, LLP

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219842

Amount of Each Receipt this Period

238.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sophia Peterman

Mailing Address 487 Burlington Rd NE

City State Zip Code
Atlanta GA 30307-1103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MedQuest Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219870

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

776.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Hamid Salamipour

Mailing Address 416 Commonwealth Ave Apt 602

City Boston State MA Zip Code 02215-2811

FEC ID number of contributing federal political committee. **C**

Name of Employer Newton Wellesley Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38219926
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Taylor Chen

Mailing Address Radiology Ltd
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Ltd
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38219927
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jennifer Jung

Mailing Address 1709 Meadowlark Rd

City Wyomissing State PA Zip Code 19610-2822

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 ▼ 250.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38219929
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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Stephen Bravo

Mailing Address 6863 Valhalla Way

City State Zip Code
Windermere FL 34786-5627

FEC ID number of contributing federal political committee. **C**

Name of Employer Sand Lake Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38219961

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Hill

Mailing Address 3756 Alta Mesa Dr

City State Zip Code
Studio City CA 91604-4005

FEC ID number of contributing federal political committee. **C**

Name of Employer Renaissance Imaging Medical Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38219962

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edgar Colon, M.D.

Mailing Address Montehiedra 247 Reina Mora

City State Zip Code
San Juan PR 00926

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Puerto Rico School of Medicine Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38219963

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Leah Schafer

Mailing Address 101 Beacon Street Apt 7

City State Zip Code
Boston MA 02116-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Newton Wellesley Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38219964

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Francis Flaherty

Mailing Address 113 North St

City State Zip Code
Ridgefield CT 06877-2510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Danbury Radiological 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
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38219967

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Yuhasz

Mailing Address Tacoma Radiological Associates
PO Box 1535

City State Zip Code
Tacoma WA 98401-1535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tacoma Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219986

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 150 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Rhodes, III

Mailing Address 1041 Maple Ct

City

Athens

State

GA

Zip Code

30606-5746

FEC ID number of contributing federal political committee.

C

Name of Employer
Athens Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219994

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. C Randall Smith

Mailing Address 124 W Lake Ct

City

Athens

State

GA

Zip Code

30606-4655

FEC ID number of contributing federal political committee.

C

Name of Employer
Athens Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219995

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark LeQuire

Mailing Address 2055 Myrtlewood Dr

City

Montgomery

State

AL

Zip Code

36111-1003

FEC ID number of contributing federal political committee.

C

Name of Employer
Montgomery Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219996

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. 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 Occupation
Radiology Group PC SC 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
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219997

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sean Theisen

Mailing Address 1346 Whispering Maples Ct

City State Zip Code
Ann Arbor MI 48108-2492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Huron Valley Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219998

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Shick

Mailing Address 2921 Crossfield Dr

City State Zip Code
Greensboro NC 27408-6743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wake Forest Univ Baptist Med C Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38219999

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jersey Shore Radiology As- Diagnostic Radiologist
sociates

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220004

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City State Zip Code
Greensboro NC 27455-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greensboro Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220006

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
Dr. Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City State Zip Code
Fresno CA 93730-4525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220007

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Wilma Rodriguez-Mojica

Mailing Address **Parque De Las Fuentes**
690 Calle Cesar Gonzalez Apt 2403

City **San Juan** State **PR** Zip Code **00918-3907**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2010

Transaction ID: 38220008

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
25.00

Name of Employer **Self-Employed** Occupation **Diagnostic Radiologist**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **300.00**

B. Full Name (Last, First, Middle Initial)
Dr. Edward Sullivan, III

Mailing Address **Radiology Assoc of Birmingham**
2090 Columbiana Rd Ste 4400

City **Birmingham** State **AL** Zip Code **35216-2153**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2010

Transaction ID: 38220009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
40.00

Name of Employer **Radiology Associates of Birmingham** Occupation **Diagnostic Radiologist**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **480.00**

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Magnuson

Mailing Address **3493 Siems Ct**

City **Arden Hills** State **MN** Zip Code **55112-3639**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2010

Transaction ID: 38220010

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
15.00

Name of Employer **St. Paul Radiology, P.A.** Occupation **Diagnostic Radiologist**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **205.00**

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 222
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City San Diego State CA Zip Code 92130-2789

FEC ID number of contributing federal political committee. **C**

Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220011

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jose Barreras

Mailing Address Rey Jorge Apt 378 La Villa de Torrimar

City Guaynabo State PR Zip Code 00969-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer St Vincent's Med Ctr of Richmond Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220012

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Dr. Francisco Arraiza

Mailing Address A-19 Villas De Tintillo

City Guaynabo State PR Zip Code 00966

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220013

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 155 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Jaendl

Mailing Address 939 Quarter Round Road

City Pacolet State SC Zip Code 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 ▼ 900.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220014

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Stuart Markowitz

Mailing Address Jefferson Radiology PC
85 Seymour St Ste 200

City Hartford State CT Zip Code 06106-5507

FEC ID number of contributing federal political committee. **C**

Name of Employer Jefferson Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220015

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Terri T. Samuel

Mailing Address 13766 Amblerwind PI

City Westfield State IN Zip Code 46074-8224

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana University Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 30 / 2010

Transaction ID: 38220016

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 156 / 222
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. James Webb

Mailing Address 9132 E 101st PI

City State Zip Code
Tulsa OK 74133-6912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Oklahoma Health Diagnostic Radiologist
Sci Ctr

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220017

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Birmingham, PC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220018

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard Redvanly

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1023.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220038

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **390.00**

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 157 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City State Zip Code
Greenville SC 29615-6037

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Radiology Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220039

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City State Zip Code
Middleton WI 53562-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists Occupation
Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.04

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220040

Amount of Each Receipt this Period
30.42

C. Full Name (Last, First, Middle Initial)
Dr. William Ray

Mailing Address 1907 Redbud Lane

City State Zip Code
Bloomington IL 61704-2773

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomington Radiology SC Occupation
Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220041

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **172.09**

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 158 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: 38220043
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Dr. Fernando Zalduondo

Mailing Address San Patricio MRI & CT Ctr
280 Ave Marginal Kennedy

City State Zip Code
Guaynabo PR 00968-1746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Petricio MRI & Ct Ctr Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: 38220044
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
Greenville SC 29615-5505

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 ▼ 504.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: 38220045
Amount of Each Receipt this Period: 42.00

SUBTOTAL of Receipts This Page (optional) ► 107.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Carl D'Orsi		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address Emory Univ Hosp 1701 Uppergate Dr 1st Fl C1104		Transaction ID: 38220046
City Atlanta	State GA	Zip Code 30322-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Emory University Hospital	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.

Full Name (Last, First, Middle Initial) Dr. James Rawson		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address Medical College of Georgia 1120 15th St BA1414		Transaction ID: 38220047
City Augusta	State GA	Zip Code 30912-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Medical College of Georgia	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

C.

Full Name (Last, First, Middle Initial) Dr. Mark Wittry		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 10525 Concord School Rd		Transaction ID: 38220061
City Saint Louis	State MO	Zip Code 63128-1232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer West County Radiological Group, Inc.	Occupation Cardiac Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional)	▶	193.34
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220062

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code
Greer SC 29651-5065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220063

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 38220065

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **134.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Galdino

Mailing Address 9 Applestone Dr

City State Zip Code
Jackson TN 38305-6919

FEC ID number of contributing federal political committee. **C**

Name of Employer Jackson Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220066

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing federal political committee. **C**

Name of Employer Central LA Imaging Inc.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220067

Amount of Each Receipt this Period
83.34

C. Full Name (Last, First, Middle Initial)
Dr. Van Wadlington

Mailing Address 3805 Knollwood Ln

City State Zip Code
Birmingham AL 35243-5913

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Birmingham, P.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38220068

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **150.01**

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 162 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Eric Sax		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 9 Old Sudbury Rd		Transaction ID: 38220069
City Lincoln	State MA	Zip Code 01773-4807
FEC ID number of contributing federal political committee. C		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 ▼ 1000.08	

B.

Full Name (Last, First, Middle Initial) Dr. Rayda Hernandez-Guasch		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address Mail Boxes Etc 89 Ave De Diego Ste 105		Transaction ID: 38220070
City San Juan	State PR	Zip Code 00927-6346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer University of Puerto Rico	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Dr. Jeffrey Hanna		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address Greenville Radiology PA 1210 W Faris Rd		Transaction ID: 38220071
City Greenville	State SC	Zip Code 29605-4444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Greenville Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	138.34
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 163 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Amy Kirby
Mailing Address 5209 Pulchella Dr
City Oklahoma City State OK Zip Code 73142-6811
FEC ID number of contributing federal political committee. **C**
Name of Employer Eagle Eye Imaging Occupation Radiology Resident
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 12 / 30 / 2010
Transaction ID: 38220072
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Barry
Mailing Address 161 Nathan Ln
City Carlisle State MA Zip Code 01741-1340
FEC ID number of contributing federal political committee. **C**
Name of Employer Commonwealth Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 12 / 30 / 2010
Transaction ID: 38220073
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Larry Anderson
Mailing Address 3822 Colby Ave
City Everett State WA Zip Code 98201-4913
FEC ID number of contributing federal political committee. **C**
Name of Employer Radia, Inc. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 38220321
Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► 345.00
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 164 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Joseph DeMartini		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address PO Box 85398		Transaction ID: 38220322		
	City Seattle	State WA	Zip Code 98145-1398	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		1950.00	

B.	Full Name (Last, First, Middle Initial) Dr. Virginia Eschbach		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 2410 141St PI SE		Transaction ID: 38220323		
	City Mill Creek	State WA	Zip Code 98012-1336	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		1170.00	

C.	Full Name (Last, First, Middle Initial) Dr. Yiu-Kai Aaron Fu		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 13028 7th Ave NW		Transaction ID: 38220324		
	City Seattle	State WA	Zip Code 98177-4243	Amount of Each Receipt this Period 400.08	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		1000.20	

SUBTOTAL of Receipts This Page (optional)

880.08

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City State Zip Code
Clinton WA 98236-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220326

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Bartholomew Keogh

Mailing Address 232 Belmont Ave E Apt 606

City State Zip Code
Seattle WA 98102-6308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 961.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220327

Amount of Each Receipt this Period
961.55

C. Full Name (Last, First, Middle Initial)
Dr. David Marlow

Mailing Address 7821 115th PI NE

City State Zip Code
Kirkland WA 98033-6710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220328

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **1501.55**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 166 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City State Zip Code
Seattle WA 98112-3903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220329

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Dr. Mohammed Quraishi

Mailing Address 534 13th Ave W

City State Zip Code
Kirkland WA 98033-4831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220330

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City State Zip Code
Kirkland WA 98033-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1719.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220331

Amount of Each Receipt this Period
234.00

SUBTOTAL of Receipts This Page (optional) ► **774.00**

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 167 / 222
(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 Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Ben Harmon		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Radia Medical Imaging 728 134th St SW Ste 120		Transaction ID: 38220332
City Everett	State WA	
Zip Code 98204-5322		Amount of Each Receipt this Period 272.70
FEC ID number of contributing federal political committee. C		
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1772.55	

B.

Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 6612 Cliffbrook Dr		Transaction ID: 38220346
City Dallas	State TX	
Zip Code 75254-8613		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Imaging & Inter-ven specialis	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.08	

C.

Full Name (Last, First, Middle Initial) Dr. Katherine Hall		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 5445 Caruth Haven Ln Apt 1223		Transaction ID: 38220348
City Dallas	State TX	
Zip Code 75225-8158		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Imaging and Int-erventional S	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	292.70
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 168 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Ruhnke, JR

Mailing Address 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: Southwest Imaging and Interventional S
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220355
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Dr. Cynthia Sherry

Mailing Address 6615 Glendora Ave

City State Zip Code
Dallas TX 75230-5219

FEC ID number of contributing federal political committee. **C**

Name of Employer: Southwest Imaging and Interventional S
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220356
 Amount of Each Receipt this Period: 10.00

C. 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 ▼ 840.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220358
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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 169 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City Staten Island State NY Zip Code 10304-1301

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 ▼ 690.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220359
 Amount of Each Receipt this Period: 60.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 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 ▼ 840.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220360
 Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220361
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 170 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Joel Rakow		Date of Receipt
	Mailing Address 505 Ivy Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wyckoff	NJ	07481-1072
	FEC ID number of contributing federal political committee. C		Transaction ID: 38220362
Name of Employer Hackensack Radiology Group		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" value="840.00"/>	<input type="text" value="60.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Patrick Toth		Date of Receipt
	Mailing Address 201 E 80th St Apt 8F		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10021-0515
	FEC ID number of contributing federal political committee. C		Transaction ID: 38220363
Name of Employer Hackensack Radiology Group		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" value="840.00"/>	<input type="text" value="60.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. John DeMeritt		Date of Receipt
	Mailing Address 18 Baldwin Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Saddle River	NJ	07458-3203
	FEC ID number of contributing federal political committee. C		Transaction ID: 38220364
Name of Employer Hackensack Radiology Group		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" value="840.00"/>	<input type="text" value="60.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="180.00"/>
TOTAL 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 171 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220365

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 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 ▼ 840.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220366

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220367

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 172 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. 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 ▼ 840.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 38220368
Amount of Each Receipt this Period 60.00

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 ▼ 840.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 38220369
Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol
Mailing Address 200 W 72nd St Apt 11k
City State Zip Code
New York NY 10023-2805
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 38220370
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00
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 173 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. 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 ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220371

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Dr. Regina Chu

Mailing Address 15 Ogle Rd

City Old Tappan State NJ Zip Code 07675-7028

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 ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220372

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City Franklin Lakes State NJ Zip Code 07417-1619

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 ▼ 519.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220373

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **136.92**

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 174 / 222
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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 ▼ 519.21

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220374

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 ▼ 519.21

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220375

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.21

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220376

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 175 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. William Kim		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 405 Golf Course Dr		Transaction ID: 38220377
City Leonia	State NJ	Zip Code 07605-1415
FEC ID number of contributing federal political committee. C		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 ▼ 519.21	

B.

Full Name (Last, First, Middle Initial) Dr. Gene Han		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 24 Briarcliff Rd		Transaction ID: 38220378
City Tenafly	State NJ	Zip Code 07670-2902
FEC ID number of contributing federal political committee. C		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 ▼ 519.21	

C.

Full Name (Last, First, Middle Initial) Dr. Robert Krugman		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 334 W 86th St Apt 4C		Transaction ID: 38220379
City New York	State NY	Zip Code 10024-3157
FEC ID number of contributing federal political committee. C		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 ▼ 519.21	

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 176 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

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 ▼ 519.21

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220380

Amount of Each Receipt this Period 38.46

B. Full Name (Last, First, Middle Initial)
Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City New York State NY Zip Code 10023-6337

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220381

Amount of Each Receipt this Period 38.46

C. Full Name (Last, First, Middle Initial)
Dr. Glenn Cook

Mailing Address Scottsdale Med Imaging Ltd
3501 N Scottsdale Rd Ste 130

City Scottsdale State AZ Zip Code 85251-5649

FEC ID number of contributing federal political committee. **C**

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220382

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 226.92

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 177 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Geoffrey Criqui		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Southwest Diagnostic Imaging PO Box 3114		Transaction ID: 38220383
City Scottsdale	State AZ	Zip Code 85271-3114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Michael Bruce Gotway		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 9850 N 128th St		Transaction ID: 38220384
City Scottsdale	State AZ	Zip Code 85259-5344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Dr. William Horsley		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Scottsdale Medical Imaging Ltd 3501 N Scottsdale Rd Ste 130		Transaction ID: 38220385
City Scottsdale	State AZ	Zip Code 85251-5649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Maki

Mailing Address 9944 E South Bend Dr

City State Zip Code
Scottsdale AZ 85255-2538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southwest Diagnostic Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220390

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher May

Mailing Address 14627 E Paradise Dr

City State Zip Code
Fountain Hills AZ 85268-6157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PO Box 1573 Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220391

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Sunil Ram

Mailing Address 12455 N 118th Way

City State Zip Code
Scottsdale AZ 85259-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220394

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

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 179 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
Scottsdale AZ 85259-2917

FEC ID number of contributing federal political committee. **C**

Name of Employer: Scottsdale Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220395

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Dr. Chad Palmer

Mailing Address 10678 E Palm Ridge Dr

City State Zip Code
Scottsdale AZ 85255-1717

FEC ID number of contributing federal political committee. **C**

Name of Employer: Scottsdale Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220396

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. D Christian Sonne

Mailing Address 4018 E Montebello Ave

City State Zip Code
Phoenix AZ 85018-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer: Scottsdale Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220397

Amount of Each Receipt this Period
150.00

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 180 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. William Taylor

Mailing Address 4045 E Desert Crest Dr

City State Zip Code
Paradise Valley AZ 85253-3942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220398

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rodney Owen

Mailing Address 9122 N 60th St

City State Zip Code
Paradise Valley AZ 85253-1735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220399

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Jones

Mailing Address 9477 E Shangri LA Rd

City State Zip Code
Scottsdale AZ 85260-6143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220400

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 181 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Mark Keiper		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Scottsdale Medical Imaging 3501 N Scottsdale Rd Ste 130		Transaction ID: 38220401
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Southwest Diagnostic Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Ronald Korn		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 6419 E Caron Dr		Transaction ID: 38220402
City Paradise Valley	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Mark Kuo		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 13026 E Turquoise Ave		Transaction ID: 38220403
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	450.00
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 182 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Vipin Bansal		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220404
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) Dr. Garyun Blackmon		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 8370 Rustic Woods Way		Transaction ID: 38220405
City Loomis	State CA	Zip Code 95650-8038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 1200.00	

C.

Full Name (Last, First, Middle Initial) Dr. George Bolton		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 133 Yankton St		Transaction ID: 38220406
City Folsom	State CA	Zip Code 95630-8140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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 183 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Jonathan Breslau		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220407
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 680.04
Name of Employer Radiological Associates of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2720.16	

B.

Full Name (Last, First, Middle Initial) Dr. Nicole Carbo		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220408
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Christopher Chong		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 27075 E El Macero		Transaction ID: 38220409
City El Macero	State CA	Zip Code 95618-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1130.04
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 184 / 222
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code
Davis CA 95618-7664

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiological Associates of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220410

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiological Assoc. of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220411

Amount of Each Receipt this Period
625.02

C.

Full Name (Last, First, Middle Initial)
Dr. Roland DeMarco

Mailing Address 5174 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer
Radiological Assoc. of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220412

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1075.02**

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 185 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. L Todd Dudley

Mailing Address 1005 Van Cortlandt Ct

City State Zip Code
El Dorado Hills CA 95762-7544

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Associates of Sacramento Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220413

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220414

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Hani Greiss

Mailing Address Roseville Imaging
1640 E Roseville Pkwy Ste 100

City State Zip Code
Roseville CA 95661-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220415

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **660.00**

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 186 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Patrick Harty		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 5249 Wyndham Oak Ln		Transaction ID: 38220416		
	City Carmichael	State CA	Zip Code 95608-3472	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Radiological Assoc. of Sacramento		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1200.00					

B.	Full Name (Last, First, Middle Initial) Dr. Glenn Hofer		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220417		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Rad Assoc of Sacramento		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1200.00					

C.	Full Name (Last, First, Middle Initial) Dr. Christopher Hoffman		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 1117 Teneighth Way		Transaction ID: 38220418		
	City Sacramento	State CA	Zip Code 95818-4024	Amount of Each Receipt this Period 252.00	
	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 ▼ 1008.00					

SUBTOTAL of Receipts This Page (optional)	852.00
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 187 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City State Zip Code
Rocklin CA 95765-5618

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220419

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City State Zip Code
Fresno CA 93730-3596

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220420

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220421

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

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 188 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220422
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
Loomis CA 95650-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220423
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220424
 Amount of Each Receipt this Period: 150.00

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 189 / 222

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rad Assoc of Sacramento Diagnostic Radiologist
Med Gr

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220425

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
Carmichael CA 95608-4571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiological Assoc. of Sa- Diagnostic Radiologist
cramento

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220426

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiological Assoc. of Sa- Diagnostic Radiologist
cramento

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220427

Amount of Each Receipt this Period

300.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220428
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220429
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220430
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 191 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Susan Sompayrac

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220431

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220432

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Bahram Varjavand

Mailing Address 1501 Chalupa Pl

City State Zip Code
Davis CA 95618-6757

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220433

Amount of Each Receipt this Period
150.00

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 192 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220434

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Dr. David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220436

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220437

Amount of Each Receipt this Period

300.00

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 193 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Frederic Conte

Mailing Address 918 Colby Dr

City State Zip Code
Davis CA 95616-1758

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220438

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer University of California
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220439

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Associates of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220440

Amount of Each Receipt this Period
150.00

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 194 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220441

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220442

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220443

Amount of Each Receipt this Period
150.00

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 195 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Christopher Jones

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220444

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiological Assoc. of Sacramento
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220445

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Dr. David Linstadt

Mailing Address Radiation Oncology Centers
2 Medical Plaza Dr Ste 180

City State Zip Code
Roseville CA 95661-3049

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiation Oncology Centers
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220446

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1140.00**

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 196 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Mark Logsdon		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 38220447		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc. of Sacramento		Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

B.	Full Name (Last, First, Middle Initial) Dr. Anthony Pu		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220448		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc of Sacramento		Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Dr. Seth Rosenthal		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 38220449		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc. of Sacramento		Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 197 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Janice Ryu

Mailing Address 2090 8th Ave

City State Zip Code
Sacramento CA 95818-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220450

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harvey Wolkov

Mailing Address Radiation Oncology Center
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiological Assoc. of Sacramento Med C Radiation Oncologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220451

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kaye Drennan

Mailing Address 240 Hammond Drive

City State Zip Code
Auburn CA 95603-3208

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220452

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional) ►

330.00

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 198 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City State Zip Code
Trent Woods NC 28562-7441

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220453

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Dr. Samuel Buff

Mailing Address Coastal Radiology
Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220454

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220455

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 199 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code
New Bern NC 28562-6446

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220456

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher Flye

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220457

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Dr. James Lorentzen

Mailing Address Coastal Radiology
PO Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220458

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 200 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Sides

Mailing Address 112 Allen Dr

City State Zip Code
New Bern NC 28562-7751

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220459

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Sloan

Mailing Address PO Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220460

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Dr. John A. Snyder

Mailing Address PO Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220461

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

240.00

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 201 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. James Tarver

Mailing Address P O Box 12065

City State Zip Code
New Bern NC 28561-2065

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220462

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Dr. Garret Young

Mailing Address 210 Bridge Pointe Dr

City State Zip Code
New Bern NC 28562-6419

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220463

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220464

Amount of Each Receipt this Period
249.99

SUBTOTAL of Receipts This Page (optional) ▶ **409.99**

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 202 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code
Virginia Beach VA 23454-1367

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Center Radiologists, Inc. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220465
 Amount of Each Receipt this Period: 240.00

B. Full Name (Last, First, Middle Initial)
Dr. Lauren Granata

Mailing Address 1317 Five Point Rd

City State Zip Code
Virginia Beach VA 23454-1930

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 ▼ 1006.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220466
 Amount of Each Receipt this Period: 250.50

C. Full Name (Last, First, Middle Initial)
Dr. Michael Ho

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Center Radiologists, I Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1013.32

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220467
 Amount of Each Receipt this Period: 249.99

SUBTOTAL of Receipts This Page (optional) ► 740.49

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 203 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Lester Johnson

Mailing Address 1021 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6154

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Center Radiologists, Inc. Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220468
 Amount of Each Receipt this Period: 249.99

B. 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 ▼ 1012.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220469
 Amount of Each Receipt this Period: 249.00

C. Full Name (Last, First, Middle Initial)
Dr. Karah Lanier

Mailing Address 1503 S sea Breeze Trl

City State Zip Code
Virginia Beach VA 23452-4730

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 ▼ 740.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 38220470
 Amount of Each Receipt this Period: 255.00

SUBTOTAL of Receipts This Page (optional) ► 753.99

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 204 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Phillip Luebbert

Mailing Address 9528 25th Bay St

City Norfolk State VA Zip Code 23518-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2010
Transaction ID: 38220471
Amount of Each Receipt this Period 249.99

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Thomas

Mailing Address 1431 Kemp Bridge Ln

City Chesapeake State VA Zip Code 23320-5056

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 31 / 2010
Transaction ID: 38220472
Amount of Each Receipt this Period 125.01

C.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Weaver

Mailing Address 1029 Assembly Dr

City Virginia Beach State VA Zip Code 23454-2874

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 ▼ 332.00

Date of Receipt 12 / 31 / 2010
Transaction ID: 38220473
Amount of Each Receipt this Period 249.00

SUBTOTAL of Receipts This Page (optional) ▶ **624.00**

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 205 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Woolfitt

Mailing Address 6330 N Center Dr Bldg 13 Ste 220

City Norfolk State VA Zip Code 23502-4008

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 38220474

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven Addonizio

Mailing Address 5203 Rio Vista Ln

City Knoxville State TN Zip Code 37919-8988

FEC ID number of contributing federal political committee. **C**

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 38220475

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheri Armstrong

Mailing Address 4355 E Waiola Loop

City Kihei State HI Zip Code 96753-8499

FEC ID number of contributing federal political committee. **C**

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.08

Date of Receipt 12 / 31 / 2010

Transaction ID: 38220476

Amount of Each Receipt this Period 200.04

SUBTOTAL of Receipts This Page (optional) ► 950.04

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 206 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Guy Barat

Mailing Address PO Box 10627

City State Zip Code
Knoxville TN 37939-0627

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 ▼
375.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220477

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Brent Barrow

Mailing Address Cleveland Community Hosp
2800 Westside Dr NW

City State Zip Code
Cleveland TN 37312-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer Vista Radiology, P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220478

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sam Bilyeu

Mailing Address 1315 County Rd 415

City State Zip Code
Killen AL 35645-7744

FEC ID number of contributing federal political committee. **C**

Name of Employer Vista Radiology, P.C.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 38220479

Amount of Each Receipt this Period
249.96

SUBTOTAL of Receipts This Page (optional) ► **749.96**

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 207 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Melinda Blue		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Vista Radiology 2001 Laurel Ave Ste N304		Transaction ID: 38220480
City Knoxville	State TN	Zip Code 37916-1834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Dr. Hugh DeLozier		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 8936 Hemingway Grove Cir		Transaction ID: 38220481
City Knoxville	State TN	Zip Code 37922-8087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.96
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

C.

Full Name (Last, First, Middle Initial) Dr. Peter Emanuel		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 117 Amanda Pl		Transaction ID: 38220482
City Oak Ridge	State TN	Zip Code 37830-7814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.96
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

SUBTOTAL of Receipts This Page (optional)	629.92
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 208 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Feaster

Mailing Address 630 Cherokee Blvd

City State Zip Code
Knoxville TN 37919-6616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220483
 Amount of Each Receipt this Period
 260.88

B. Full Name (Last, First, Middle Initial)
Dr. David Forsberg

Mailing Address Vista Radiology
2001 Laurel Ave Ste 304

City State Zip Code
Knoxville TN 37916-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220484
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Garth Graham

Mailing Address Vista Radiology PC
2001 Laurel Ave Ste N304

City State Zip Code
Knoxville TN 37916-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 38220485
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 760.88

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 209 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Daryl Harp

Mailing Address 3911 Jackson Bend Dr

City State Zip Code
Louisville TN 37777-3789

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220486

Amount of Each Receipt this Period

249.96

B.

Full Name (Last, First, Middle Initial)
Dr. William Holmes

Mailing Address 412 Kittredge Ct

City State Zip Code
Knoxville TN 37922-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220487

Amount of Each Receipt this Period

249.96

C.

Full Name (Last, First, Middle Initial)
Dr. Glenn Jung

Mailing Address 3636 Captains Way

City State Zip Code
Knoxville TN 37922-9411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220488

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

749.92

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 210 / 222

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Monica Kessi

Mailing Address Vista Radiology
2001 Laurel Ave Ste N304

City State Zip Code
Knoxville TN 37916-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220489

Amount of Each Receipt this Period
249.96

B.

Full Name (Last, First, Middle Initial)
Dr. Philip Manzanero

Mailing Address 88 Piikoi St Apt 2807

City State Zip Code
Honolulu HI 96814-4281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220490

Amount of Each Receipt this Period
249.96

C.

Full Name (Last, First, Middle Initial)
Dr. Frederick McLean

Mailing Address 12 Palisades Pky

City State Zip Code
Oak Ridge TN 37830-7200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220491

Amount of Each Receipt this Period
249.96

SUBTOTAL of Receipts This Page (optional)

749.88

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 211 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Clifford Meservy

Mailing Address 1412 Kensington Drive

City State Zip Code
Knoxville TN 37922-6038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220492

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Hejung Press

Mailing Address 12906 Long Ridge Rd

City State Zip Code
Knoxville TN 37934-7419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220493

Amount of Each Receipt this Period
249.96

C. Full Name (Last, First, Middle Initial)
Dr. Sidney Roberts, III

Mailing Address 2408 Houser Rd

City State Zip Code
Knoxville TN 37919-9324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 38220494

Amount of Each Receipt this Period
249.96

SUBTOTAL of Receipts This Page (optional) ► **749.92**

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 212 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Gayle Roulier		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Vista Radiology 2001 Laurel Ave Ste 304		Transaction ID: 38220495
City Knoxville	State TN	Zip Code 37916-1834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.96
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

B.

Full Name (Last, First, Middle Initial) Dr. Robert Santee		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 603 Rumblewood Ln		Transaction ID: 38220496
City Seymour	State TN	Zip Code 37865-5564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Amanda Squires		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address Vista Radiology 2001 Laurel Ave N-304		Transaction ID: 38220497
City Knoxville	State TN	Zip Code 37916-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	619.96
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 213 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Daniel Wenzke		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 1837 Regents Park Rd		Transaction ID: 38220498
City Knoxville	State TN	Zip Code 37922-8581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 93.76
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.72	

B.

Full Name (Last, First, Middle Initial) Dr. John Williams, III		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 1500 Halesworth Ln		Transaction ID: 38220499
City Knoxville	State TN	Zip Code 37922-8561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.96
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

C.

Full Name (Last, First, Middle Initial) Dr. Keith Woodward		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 3861 Dellwood Dr		Transaction ID: 38220500
City Knoxville	State TN	Zip Code 37919-6634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.96
Name of Employer Vista Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

SUBTOTAL of Receipts This Page (optional)	593.68
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 214 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr. Donovan Yamada</p> <p>Mailing Address 3057 Twisted Twig Ln</p> <p>City State Zip Code Apison TN 37302-7574</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Vista Radiology, P.C. Diagnostic Radiologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 499.92</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2010</p> <p>Transaction ID: 38220501</p> <p>Amount of Each Receipt this Period 249.96</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dr. Sadri Akin</p> <p>Mailing Address 14 La Sierra Dr</p> <p>City State Zip Code Pomona CA 91766-4701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sierra Imaging Associates Diagnostic Radiologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2010</p> <p>Transaction ID: 38226752</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr. Mark Alson</p> <p>Mailing Address 6641 N Forkner Ave</p> <p>City State Zip Code Fresno CA 93711-1326</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sierra Imaging Associates Diagnostic Radiologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 925.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2010</p> <p>Transaction ID: 38226753</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	749.96
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 215 / 222
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Leyla Mohass Azmoun		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 2863 East Richmond		Transaction ID: 38226754
City Fresno	State CA	Zip Code 93720-0312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sierra Imaging Associates Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Dr. Larry De St Jeor		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 549 E Mallard Cir		Transaction ID: 38226755
City Fresno	State CA	Zip Code 93720-1228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Glenn Hananouchi		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 1545 E La Quinta Dr		Transaction ID: 38226756
City Fresno	State CA	Zip Code 93730-4525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

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 216 / 222
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Bonna Rogers-Neufeld

Mailing Address 465 W Bluff Ave

City State Zip Code
Fresno CA 93711-6900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38226757

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Felix Wang

Mailing Address 12732 Volkwood St

City State Zip Code
Garden Grove CA 92840-5955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: 38226758

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terence Matalon

Mailing Address Albert Einstein Medical Center
5501 Old York Rd

City State Zip Code
Philadelphia PA 19141-3018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Albert Einstein Medical Center Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: 38594636

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$50-0.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 141772.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mchenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

FEC ID number of contributing federal political committee. **C** C00393629

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: 38078553

Amount of Each Receipt this Period
3000.00

Refund Check #4015 to House Conservatives Fund - Deposited into wrong account

B. Full Name (Last, First, Middle Initial)
House Conservatives Fund

Mailing Address P. O. Box 2752

City State Zip Code
Washington DC 20013

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 38220184

Amount of Each Receipt this Period
3000.00

[MEMO ITEM]
Refunded from McHenry for Congress because deposited into McHenry in accurately

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 218 / 222

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Scott Desjarlais <hr/> Mailing Address PO Box 311 <hr/> City Jasper State TN Zip Code 37347 <hr/> Purpose of Disbursement 2010 Primary Debt Retirement <hr/> Candidate Name Mr. Scott Desjarlais <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2010	Transaction ID: 37761518 Date of Disbursement 12 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 2010 Primary Debt Retirement
B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37761649 Date of Disbursement 12 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 818 Connecticut Avenue Northwest Suite 1100 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement <hr/> Candidate Name Glacier PAC <hr/> 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) ▼	Transaction ID: 37761757 Date of Disbursement 12 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	12000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dakpac Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Candidate Name Dakpac 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) ▼	Transaction ID: 37761779 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) John Kerry For Senate Mailing Address 10 G Street Ne Suite 710 City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Sen. John F. Kerry Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37761780 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Leading Your Nation Now PAC (LYNN PAC) Mailing Address P.O. Box 1872 City Topeka State KS Zip Code 66601 Purpose of Disbursement Candidate Name Leading Your Nation Now PAC (LYNN 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) ▼	Transaction ID: 38067483 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	8500.00
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 220 / 222

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

House Conservatives Fund

Mailing Address P. O. Box 2752

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name House Conservatives Fund

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 38220185

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

25500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 221 / 222

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Terence Matalon

Transaction ID: 37915252

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	9		2	0	1	0

Mailing Address Albert Einstein Medical Center
5501 Old York Rd

City Philadelphia State PA Zip Code 19141-3018

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Submitted Two Contributions in error

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Submitted Two Contributions in error

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

TOTAL This Period (last page this line number only) ►

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 222 / 222

<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 27025 <hr/> City Richmond State VA Zip Code 23261-7025 Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: 38226026 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 461.96 <hr/> Bank Fees
B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 27025 <hr/> City Richmond State VA Zip Code 23261-7025 Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: 38458089 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1621.58 <hr/> Bank Fees

SUBTOTAL of Disbursements This Page (optional) ►

2083.54

TOTAL This Period (last page this line number only) ►

2083.54