

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

0 5

0 4

2 0 1 1

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

Dr. Carolyn Meltzer's \$5,000 contribution was not recorded at the end of the year 2010. This also put her over her legal annual contribution limit. Her refund of the additional \$500 was cut and sent May 6, 2011 and will be filed for the May filing in June 2011.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		532260.11
(b) Cash on Hand at Beginning of Reporting Period	555835.91	
(c) Total Receipts (from Line 19)	166798.99	1227067.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	722634.90	1759327.63
7. Total Disbursements (from Line 31)	28083.54	1064776.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	694551.36	694551.36
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

FEC Form 3X (Rev. 06/2004)

Page 3

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)	146772.36	1081971.34
(ii) Unitemized	17012.28	134506.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	163784.64	1216477.42
(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)	163784.64	1216477.42
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))	166798.99	1227067.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	166798.99	1227067.52

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	1012000.00	
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	1064776.27	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28083.54	1064776.27	

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)	163784.64	1216477.42
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163284.64	1215977.42
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 7 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Maloney

Mailing Address 1016 Bent Pine Ct

City

Columbus

State

GA

Zip Code

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

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

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

San Diego

State

CA

Zip Code

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

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

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

Pittsburgh

State

PA

Zip Code

15213-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh
Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

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 8 / 224

(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. Mitchell Travis

Mailing Address 823 Phaeton Way

City

Auburn

State

IN

Zip Code

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

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

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

El Dorado

State

AR

Zip Code

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

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

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

Chicago

State

IL

Zip Code

60611-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

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 1 / 2 9 / 2 0 1 0

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 9 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael 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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiology

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

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.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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: PAGE 10 / 224

(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. Salvatore Parrinello

Mailing Address PO Box 572

City

Remsenburg

State

NY

Zip Code

11960-0572

FEC ID number of contributing
federal political committee.

C

Name of Employer
East End 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
1 1 / 2 9 / 2 0 1 0

Transaction ID: 37718273

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Smith

Mailing Address 4501 Jewelwood Ct

City

Peoria

State

IL

Zip Code

61615-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 37718274

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Neil Kennedy

Mailing Address 3468 John Muir Dr

City

Middleton

State

WI

Zip Code

53562-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists, S.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 37718277

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 11 / 224

(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

Mailing Address 110 Veranda Pl

City

Goldsboro

State

NC

Zip Code

27530-9115

FEC ID number of contributing
federal political committee.**C**Name of Employer
Wayne Radiologists PA

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	1	/	2	9	/	2	0	1	0

Transaction ID: 37718282

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Schey

Mailing Address 336 W Wellington Ave Apt 2705

City

Chicago

State

IL

Zip Code

60657-5617

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 37718284

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Huelsman

Mailing Address Good Samaritan Hosp
375 Dixmyth Ave

City

Cincinnati

State

OH

Zip Code

45220-2489

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical X-Ray, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 37718633

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 224

(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. Jeanine McNeill

Mailing Address 3435 Ramona Dr

City

Riverside

State

CA

Zip Code

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
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

New York

State

NY

Zip Code

10128-7802

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Roosevelt Hosp-
ital 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
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

Fayetteville

State

NC

Zip Code

28305-5210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Regional Radiolo-
gy

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 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 13 / 224

(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

Mailing Address 180 E End Ave Apt 9A

City

New York

State

NY

Zip Code

10128-7765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Medical Imaging

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: 37721388

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Sullivan

Mailing Address 1705 Pine Ave

City

Manhattan Beach

State

CA

Zip Code

90266-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill Medical Corp

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: 37721393

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joan Perlow

Mailing Address 7490 Wildercliff Dr NW

City

Atlanta

State

GA

Zip Code

30328-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Atlanta Group,
P.C.

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 1 / 2 9 / 2 0 1 0

Transaction ID: 37721396

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(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. Veena Mathur

Mailing Address 104 Ramsford Ln

City

Simpsonville

State

SC

Zip Code

29681-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology of
Anderson

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 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

Dallas

State

TX

Zip Code

75209-5506

FEC ID number of contributing
federal political committee.

C

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

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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

Columbus

State

GA

Zip Code

31904-1958

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

M M / D D / 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**

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Detailed Summary Page

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(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. Clay Padginton

Mailing Address 2500 Gulf Blvd

City

South Padre Island

State

TX

Zip Code

78597-6933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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

East Syracuse

State

NY

Zip Code

13057-9248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crouse Irving Memorial Ho-
sp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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

Stone Mountain

State

GA

Zip Code

30087-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Radiology Consult-
ants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 16 / 224

(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. Ian Baronofsky

Mailing Address 204 S East Ave

City

Oak Park

State

IL

Zip Code

60302-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIad 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
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

Potomac

State

MD

Zip Code

20854-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie,
& Merritt

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
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

Montgomery

State

AL

Zip Code

36111-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Radiology Asso-
ciates

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
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 17 / 224

(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. Locke Barber

Mailing Address 201 Haines Dr

City

Moorestown

State

NJ

Zip Code

08057-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
New Jersey

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

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

Ormond Beach

State

FL

Zip Code

32174-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

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

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cardiac Radiologist

Aggregate Year-to-Date ▼

935.00

Date of Receipt

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

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**

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Detailed Summary Page

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(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

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

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

Transaction ID: 37734874

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

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 37734875

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

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 37734877

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 19 / 224

(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. Gregory Galdino

Mailing Address 9 Applestone Dr

City

Jackson

State

TN

Zip Code

38305-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

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

Transaction ID: 37734884

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

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

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

Transaction ID: 37734885

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Van Wadlington

Mailing Address 3805 Knollwood Ln

City

Birmingham

State

AL

Zip Code

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 ▼

275.00

Date of Receipt

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

Transaction ID: 37734886

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 224

(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. 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

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

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

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

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

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

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 224

(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 Drive

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 ▼

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

Madison

State

CT

Zip Code

06443-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University School of
Medicine

Occupation

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 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

Orange

State

CA

Zip Code

92868-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of CA-Irvine Med Ctr

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 / 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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 224

(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 Locken, III

Mailing Address Western Baptist Hosp
2501 Kentucky Ave

City Paducah State KY Zip Code 42003-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiotherapy Associates,
PSC

Occupation
Radiation Oncologist

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 / 0 1 / 2 0 1 0

Transaction ID: 37767115

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lorenz Ramseyer

Mailing Address 11600 W Longhorn Trl

City Drummond State OK Zip Code 73735-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc. of Enid

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 / 0 1 / 2 0 1 0

Transaction ID: 37767138

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeanne W. Baer

Mailing Address 418 High St

City Closter State NJ Zip Code 07624-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's-Roosevelt Hospi-
tal

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 / 0 1 / 2 0 1 0

Transaction ID: 37767202

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**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 224

(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

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

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

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

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

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

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 24 / 224

(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 - Radi-
ology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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 Cen-
ter

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 / 0 2 / 2 0 1 0

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

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

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 25 / 224

(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

Saint Louis

State

MO

Zip Code

63131-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
South County Radiologists,
Inc.

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 / 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

Atlanta

State

GA

Zip Code

30327-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / 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

Tucson

State

AZ

Zip Code

85715-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
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 26 / 224

(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. Benjamin Conner

Mailing Address 2720 Nottingham St

City

Houston

State

TX

Zip Code

77005-2422

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

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

Transaction ID: 37899812

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Gillespie

Mailing Address 14203 Lake Scene Trail

City

Houston

State

TX

Zip Code

77059-4407

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

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

Transaction ID: 37899813

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Son Huynh

Mailing Address St Joseph Radiology Associates
3120 Southwest 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

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

Transaction ID: 37899814

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 / 224

(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. Michele Lesslie

Mailing Address 4621 Valerie St

City

Bellaire

State

TX

Zip Code

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

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

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

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

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

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

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

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

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 28 / 224

(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. Alexander Sardina

Mailing Address St Joseph Radiology Associates
3120 SW 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

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

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 State Zip Code
Dallas TX 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

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

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 State Zip Code
Lynchburg VA 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

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

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 29 / 224

(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

Mailing Address 909 Ocean Blvd

City

Isle Of Palms

State

SC

Zip Code

29451-2220

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charleston Radiologists,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 37899829

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City

Washington

State

DC

Zip Code

20010-2975

FEC ID number of contributing
federal political committee.**C**Name of Employer
Center Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: 37899833

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thaddeus Herliczek

Mailing Address 14 Winterberry Lane

City

Westport

State

MA

Zip Code

02790-2638

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rhode Island Medical Imag-
ing

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	/	0	6	/	2	0	1	0

Transaction ID: 37899834

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

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

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(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. 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
Lancaster Radiology Assoc-
iates

Occupation
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
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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
Lancaster Radiology Assoc-
iates

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 / 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 224

(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 Leslie

Mailing Address 260 Eshelman Rd

City

Lancaster

State

PA

Zip Code

17601-5645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

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 / 0 6 / 2 0 1 0

Transaction ID: 37899845

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leigh Shuman

Mailing Address Lancaster Radiology Associates
PO Box 3555

City

Lancaster

State

PA

Zip Code

17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 37899847

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City

Manheim

State

PA

Zip Code

17545-9461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

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 / 0 6 / 2 0 1 0

Transaction ID: 37899849

Amount of Each Receipt this Period

100.00

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 32 / 224

(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. Simon Westacott

Mailing Address 1965 Glendower Dr

City

Lancaster

State

PA

Zip Code

17601-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

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 / 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

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y 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

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y 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 33 / 224

(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

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

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

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

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

Closter

State

NJ

Zip Code

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

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

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**

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Detailed Summary Page

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☐ 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. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City

New York

State

NY

Zip Code

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 ▼

750.00

Date of Receipt

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

Transaction ID: 37899858

Amount of Each Receipt this Period

30.00

B.

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 ▼

750.00

Date of Receipt

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

Transaction ID: 37899859

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 37899860

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**

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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 ▼

600.00

Date of Receipt

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

Transaction ID: 37899861

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 ▼

750.00

Date of Receipt

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

Transaction ID: 37899862

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 ▼

750.00

Date of Receipt

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

Transaction ID: 37899863

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**

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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. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

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
1 2 / 0 6 / 2 0 1 0

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

New York

State

NY

Zip Code

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
1 2 / 0 6 / 2 0 1 0

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

Saddle River

State

NJ

Zip Code

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
1 2 / 0 6 / 2 0 1 0

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 224

(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. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

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

Transaction ID: 37899867

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

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

Transaction ID: 37899868

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

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

Transaction ID: 37899869

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 224

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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

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

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

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

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

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

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 224

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 ▼

480.75

Date of Receipt

M M / D D / 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

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 ▼

442.29

Date of Receipt

M M / D D / 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

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 ▼

461.52

Date of Receipt

M M / D D / 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**

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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. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

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

Columbus

State

GA

Zip Code

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

Ashland

State

OR

Zip Code

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 224

(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. E Michael Donner, III

Mailing Address Northshore Imaging Assoc, LLC
PO Box 9090

City State Zip Code
Mandeville LA 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

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

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 State Zip Code
Colorado Springs CO 80906-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Consu-
ltants, P.C.

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 / 1 0 / 2 0 1 0

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 PI

City State Zip Code
Highlands Ranch CO 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

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

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)
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FOR LINE NUMBER: PAGE 42 / 224

(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

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

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

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

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 & Me-
rriitt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

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

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)
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FOR LINE NUMBER: PAGE 43 / 224

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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. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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
1 2 / 1 0 / 2 0 1 0

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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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
1 2 / 1 0 / 2 0 1 0

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

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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
1 2 / 1 0 / 2 0 1 0

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**

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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

New Bern

State

NC

Zip Code

28562-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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**

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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

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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**

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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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28562-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

Charlotte

State

NC

Zip Code

28226-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

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**

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FOR LINE NUMBER: PAGE 47 / 224

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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. Robert Barr

Mailing Address Mecklenburg Radiology Assoc
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 Ass-
ociates, P.A.

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: 37916388

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Black

Mailing Address 19825 River Falls Dr

City State Zip Code
Davidson NC 28036-8869

FEC ID number of contributing
federal political committee.

C

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

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: 37916389

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Martin Burns

Mailing Address 2026 Beverly Drive

City State Zip Code
Charlotte NC 28207-2602

FEC ID number of contributing
federal political committee.

C

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

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: 37916390

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**

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FOR LINE NUMBER: PAGE 48 / 224

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☐ 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

Charlotte

State

NC

Zip Code

28203-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology

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
1 2 / 1 0 / 2 0 1 0

Transaction ID: 37916391

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Jenkins

Mailing Address 6805 Honors Ct

City

Charlotte

State

NC

Zip Code

28210-4211

FEC ID number of contributing
federal political committee.

C

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

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
1 2 / 1 0 / 2 0 1 0

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

Charlotte

State

NC

Zip Code

28277-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Rad Assoc

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
1 2 / 1 0 / 2 0 1 0

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 224

(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

Charlotte

State

NC

Zip Code

28226-5038

FEC ID number of contributing
federal political committee.

C

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

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
1 2 / 1 0 / 2 0 1 0

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

Charlotte

State

NC

Zip Code

28211-3747

FEC ID number of contributing
federal political committee.

C

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

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
1 2 / 1 0 / 2 0 1 0

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

Charlotte

State

NC

Zip Code

28277-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of PA

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
1 2 / 1 0 / 2 0 1 0

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 224

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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. Gregory Joseph

Mailing Address 2601 Sedley Rd

City

Charlotte

State

NC

Zip Code

28211-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

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: 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

Charlotte

State

NC

Zip Code

28226-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

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: 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

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing
federal political committee.

C

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

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: 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Nixon

Mailing Address 2126 Edenton Rd

City

Charlotte

State

NC

Zip Code

28211-3852

FEC ID number of contributing
federal political committee.

C

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

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: 37916400

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Quarles

Mailing Address Mecklenburg Radiology Assoc
PO Box 221249

City

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
oc

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: 37916401

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shawn Quillin

Mailing Address 4522 N Parview Dr

City

Charlotte

State

NC

Zip Code

28226-3449

FEC ID number of contributing
federal political committee.

C

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

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: 37916402

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**

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FOR LINE NUMBER: PAGE 52 / 224

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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. Daniel Scanga

Mailing Address 3031 Wickersham Rd

City

Charlotte

State

NC

Zip Code

28211-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Univ Med Ctr-V-
anderbi

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: 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

Mooreville

State

NC

Zip Code

28117-6038

FEC ID number of contributing
federal political committee.

C

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

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: 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

Charlotte

State

NC

Zip Code

28211-3023

FEC ID number of contributing
federal political committee.

C

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

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: 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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 224

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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. Donald Toothman

Mailing Address 18307 Bowsprit Pointe Road

City

Cornelius

State

NC

Zip Code

28031-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
oc

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: 37916406

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Uri

Mailing Address 5001 Kimblewyck Ln

City

Charlotte

State

NC

Zip Code

28226-6465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

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: 37916407

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Zban

Mailing Address 2051 Brandon Cir

City

Charlotte

State

NC

Zip Code

28211-1650

FEC ID number of contributing
federal political committee.

C

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

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: 37916408

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 54 / 224

(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

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2301.74

Date of Receipt

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

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

Dallas

State

TX

Zip Code

75225-8158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

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

Dallas

State

TX

Zip Code

75231-3848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 224

(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. Cynthia Sherry

Mailing Address 6615 Glendora Ave

City

Dallas

State

TX

Zip Code

75230-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
North Texas

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 37916438

Amount of Each Receipt this Period

10.00

B.

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 ▼

780.00

Date of Receipt

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

Transaction ID: 38070922

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: 38070923

Amount of Each Receipt this Period

30.00

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 56 / 224

(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. 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

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

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

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

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

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

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 57 / 224

(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. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

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
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

New York

State

NY

Zip Code

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
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

Saddle River

State

NJ

Zip Code

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
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 58 / 224

(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

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

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

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

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

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 224

(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

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

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

Closter

State

NJ

Zip Code

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

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

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

New York

State

NY

Zip Code

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 224

(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. 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 ▼

461.52

Date of Receipt

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

Transaction ID: 38070936

Amount of Each Receipt this Period

19.23

B.

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 ▼

480.75

Date of Receipt

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

Transaction ID: 38070937

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

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 ▼

480.75

Date of Receipt

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

Transaction ID: 38070938

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 / 224

(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. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 62 / 224

(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. 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

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

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

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

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

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

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 63 / 224

(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

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 ▼

499.98

Date of Receipt

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

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

San Antonio

State

TX

Zip Code

78209-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

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

San Antonio

State

TX

Zip Code

78230-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

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
1	2	/	2	1	/	2	0	1	0

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 64 / 224

(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)

Ronald W. Adelman

Mailing Address 39 Steeplechase Drive

City

Holland

State

PA

Zip Code

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
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

Huntingdon Valley

State

PA

Zip Code

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
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 111 Overhill Rd

City

Bala Cynwyd

State

PA

Zip Code

19004-2228

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
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 65 / 224

(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. Sonja L. Cerra-Gilch

Mailing Address 1747 Musket Circle

City

Upper Holland

State

PA

Zip Code

19053-1500

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: 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

Philadelphia

State

PA

Zip Code

19114-1436

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: 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

Bala Cynwyd

State

PA

Zip Code

19004-2905

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: 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 224

(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. 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

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

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 IncOccupation
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: 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

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

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 67 / 224

(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 Mistry

Mailing Address 7 Norbridge Dr

City

Princeton

State

NJ

Zip Code

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

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

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

Churchville

State

PA

Zip Code

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

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

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

Merion Station

State

PA

Zip Code

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

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

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 68 / 224

(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. Alec Schoenberger

Mailing Address 210 W Rittenhouse SQ Apt 1809

City

Philadelphia

State

PA

Zip Code

19103-5782

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
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

Narberth

State

PA

Zip Code

19072-1139

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
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

Fort Washington

State

PA

Zip Code

19034-2830

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
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 69 / 224

(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

Mailing Address 664 W Rolling Rd

City

Springfield

State

PA

Zip Code

19064-1335

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
1	2	/	2	1	/	2	0	1	0

Transaction ID: 38070965

Amount of Each Receipt this Period

230.00

B.

Full Name (Last, First, Middle Initial)

Dr. William McGroarty

Mailing Address 209 Country Club Dr

City

Moorestown

State

NJ

Zip Code

08057-3977

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

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

Transaction ID: 38070966

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth L. Tan

Mailing Address 1133 Waverly Street

City

Philadelphia

State

PA

Zip Code

19147-1228

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
1	2	/	2	1	/	2	0	1	0

Transaction ID: 38070968

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 70 / 224

(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. 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 & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Des Peres

State

MO

Zip Code

63131-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 71 / 224

(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

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Panama City

State

FL

Zip Code

32405-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 72 / 224

(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. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 38070975

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 38070976

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code
Panama City FL 32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 38070977

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 73 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 38070978

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 38070979

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ole Sami Aassar

Mailing Address 1031 Ardsley Rd

City

Charlotte

State

NC

Zip Code

28207-1815

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 ▼

294.00

Date of Receipt

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

Transaction ID: 38070980

Amount of Each Receipt this Period

144.00

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 74 / 224

(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

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

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

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

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

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

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 75 / 224

(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. C Peter Chang

Mailing Address 7113 Fairway Vista Dr

City

Charlotte

State

NC

Zip Code

28226-6870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38070984

Amount of Each Receipt this Period

291.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Clemente

Mailing Address 1620 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU/Bellevue/VA Medical
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38070985

Amount of Each Receipt this Period

291.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary De Filipp

Mailing Address Charlotte Radiology PA
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38070986

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 / 224

(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. 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
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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
Mercy Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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 77 / 224

(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. Kimberly Hendrix

Mailing Address 352 Sycamore Ridge Rd NE

City

Concord

State

NC

Zip Code

28025-7806

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 ▼

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

Charlotte

State

NC

Zip Code

28270-2811

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

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

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 78 / 224

(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

Bellaire

State

TX

Zip Code

77401-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28270-0754

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

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

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

Concord

State

NC

Zip Code

28025-2581

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

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

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 79 / 224

(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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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. Peter Kravath

Mailing Address 127 N Tryon St Apt 406

City

Charlotte

State

NC

Zip Code

28202-1107

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

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

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 80 / 224

(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

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.00

Date of Receipt

M M / D D / Y 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 PI

City

Charlotte

State

NC

Zip Code

28210-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

M M / D D / Y 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

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y 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 81 / 224

(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. Richard Redvanly

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

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 ▼

983.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28211-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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

Waxhaw

State

NC

Zip Code

28173-6553

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

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

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 82 / 224

(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

Charlotte

State

NC

Zip Code

28211-3325

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

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

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

Pinehurst

State

NC

Zip Code

28374-9217

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 ▼

543.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28211-2666

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 ▼

623.00

Date of Receipt

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

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 83 / 224

(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

Charlotte

State

NC

Zip Code

28210-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1043.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

387.00

Date of Receipt

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

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 84 / 224

(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 Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38071012

Amount of Each Receipt this Period

291.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38071013

Amount of Each Receipt this Period

291.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Zuger

Mailing Address 6011 Bentway Dr

City State Zip Code
Charlotte NC 28226-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

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

Transaction ID: 38071014

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 85 / 224

(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 Greenberg

Mailing Address 35 Westland Rd

City

Weston

State

MA

Zip Code

02493-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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

San Juan

State

PR

Zip Code

00907-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

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

Renton

State

WA

Zip Code

98058-9595

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 ▼

250.00

Date of Receipt

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

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 86 / 224

(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

Hampton Cove

State

AL

Zip Code

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
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

Grosse Pointe Farm

State

MI

Zip Code

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
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

Harrisonburg

State

VA

Zip Code

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
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 87 / 224

(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 Loflin

Mailing Address 7408 Ashland Ln

City

Birmingham

State

AL

Zip Code

35242-2568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 38071989

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Med Ctr
1900 South Ave C02-002

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

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
1 2 / 2 2 / 2 0 1 0

Transaction ID: 38072015

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Kevin Phillips

Mailing Address 70 Etta Ln SW

City

Rome

State

GA

Zip Code

30165-8536

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

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

Transaction ID: 38072017

Amount of Each Receipt this Period

500.00

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 88 / 224

(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 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
Utah Imaging Associates,
LLC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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 W 73rd St

City State Zip Code
Tulsa OK 74132-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Associ-
ates Inc.

Occupation
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
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
Quantum Radiology

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 / 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 89 / 224

(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 McKinstry, III

Mailing Address Mallinckrodt Inst of Radiology
510 S Kingshighway Blvd

City State Zip Code
Saint Louis MO 63110-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University

Occupation
Neuro Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 38072026

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Zachary Martin, JR

Mailing Address Rome Radiology Group
1104 Martha Berry Blvd NE

City State Zip Code
Rome GA 30165-1694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rome Radiology Group

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 1 / 2 0 1 0

Transaction ID: 38072102

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carlos Cardenas

Mailing Address 2620 Pegasus Dr

City State Zip Code
Colorado Springs CO 80906-6723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Consu-
ltants

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 1 / 2 0 1 0

Transaction ID: 38072103

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 90 / 224

(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 Knight, JR

Mailing Address 528 Colonial Dr

City

Hilton Head Island

State

SC

Zip Code

29926-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer
MRI at Belfair

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	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

Rome

State

GA

Zip Code

30165-4214

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

M	M	/	D	D	/	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

Scottsdale

State

AZ

Zip Code

85258-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Diagnostic Imaging
Group

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
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 91 / 224

(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. Balasundaram Sekar

Mailing Address Radiology Assoc of Birmingham PC
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
Radiology Assoc of Birmin-
gham

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 / 1 5 / 2 0 1 0

Transaction ID: 38076095

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clarence Davis, III

Mailing Address 627 Springlake Rd

City State Zip Code
Columbia SC 29206-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Radiology Assoc-
iates

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 / 1 5 / 2 0 1 0

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 State Zip Code
Wichita KS 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

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

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 92 / 224

(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. 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

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

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

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

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

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

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 93 / 224

(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. Gary Geil

Mailing Address West Coast Radiology
1100 N Tustin AveCity State Zip Code
Santa Ana CA 92705-3595FEC ID number of contributing
federal political committee.**C**Name of Employer
Santa Ana Tustin Radiology
GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

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 State Zip Code
Williamsburg VA 23188-8415FEC ID number of contributing
federal political committee.**C**Name of Employer
Peninsula RadiologyOccupation
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	/	1	5	/	2	0	1	0

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 AveCity State Zip Code
Cleveland OH 44195-5021FEC ID number of contributing
federal political committee.**C**Name of Employer
Cleveland Clinic Foundati-
onOccupation
Diagnostic Radiologist

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	/	1	5	/	2	0	1	0

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Ormond Beach

State

FL

Zip Code

32176-5459

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 ▼

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

Ormond Beach

State

FL

Zip Code

32174-3047

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 ▼

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

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

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 / 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)
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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

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: 38076160

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: 38076162

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 272 Harrison Rd

City

Turtle Creek

State

PA

Zip Code

15145-1042

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 ▼

388.20

Date of Receipt

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

Transaction ID: 38076163

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 State Zip Code
Warren MI 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.38

Date of Receipt

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

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 State Zip Code
Birmingham AL 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

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

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 State Zip Code
Stevensville MI 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

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

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Sumter

State

SC

Zip Code

29150-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sumter Radiological, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Mobile

State

AL

Zip Code

36608-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

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

Transaction ID: 38076170

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: 38076171

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City

Winston Salem

State

NC

Zip Code

27157-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch of
Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 38076172

Amount of Each Receipt this Period

25.00

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

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

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsong Radiology Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

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

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Ctr-Montc-
lair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

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**

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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. Paul Lampert

Mailing Address 11595 E 26th St

City

Yuma

State

AZ

Zip Code

85367-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 38076176

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: 38076177

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City

Matthews

State

NC

Zip Code

28105-7702

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 ▼

275.00

Date of Receipt

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

Transaction ID: 38076179

Amount of Each Receipt this Period

25.00

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)
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(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 Hiken

Mailing Address 7109 Cove Pointe Pl

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

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

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 Radio-
logy

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
1	2	/	1	5	/	2	0	1	0

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

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

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**

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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. Robert Alexan Cerwin

Mailing Address 2501 Lewis Farm Rd

City

Raleigh

State

NC

Zip Code

27608-1911

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: 38076219

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Coates

Mailing Address Wake Radiology & Consultants
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 & Consulta-
nts

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: 38076220

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Karen Coates

Mailing Address 106 Baybrook Ct

City

Cary

State

NC

Zip Code

27518-9422

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

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

Transaction ID: 38076221

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Morrisville

State

NC

Zip Code

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

Raleigh

State

NC

Zip Code

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

Raleigh

State

NC

Zip Code

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 104 / 224

(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. 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

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

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

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

Transaction ID: 38076227

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Leuchtmann

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

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

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 105 / 224

(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

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

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

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

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

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

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 106 / 224

(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 Melamed

Mailing Address 220 Gilliam St

City

Oxford

State

NC

Zip Code

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

Raleigh

State

NC

Zip Code

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

Apex

State

NC

Zip Code

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 107 / 224

(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. Philip Pretter

Mailing Address 12325 Camberwell Ct

City

Raleigh

State

NC

Zip Code

27614-8933

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

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

Raleigh

State

NC

Zip Code

27608-1129

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

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

Raleigh

State

NC

Zip Code

27614-7250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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**

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FOR LINE NUMBER: PAGE 108 / 224

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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. Robert Schaaf

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

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

Transaction ID: 38076241

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Spargo

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 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: 38076242

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Vanarthos

Mailing Address Wake Radiology Consultants P.A.
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 Consultants
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: 38076243

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 109 / 224

(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 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

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

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

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

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

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

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 110 / 224

(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. Tyler Prout

Mailing Address 5853 Persimmon Dr

City

Fitchburg

State

WI

Zip Code

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

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

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

Narberth

State

PA

Zip Code

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

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

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

Columbus

State

GA

Zip Code

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

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

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 111 / 224

(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. Ian Ch'en

Mailing Address 17327 NE 126th Pl

City

Redmond

State

WA

Zip Code

98052-2295

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 ▼

500.00

Date of Receipt

M M / D D / 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

Belmont

State

MA

Zip Code

02478-2114

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

M M / D D / 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

Lowell

State

MA

Zip Code

01854-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology As-
sociates, Inc

Occupation

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
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 112 / 224

(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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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

Mailing Address Hartford Hospital
85 Seymour StCity State Zip Code
Hartford CT 06106-5504FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 38085103

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wei Du

Mailing Address 75 Rogers Rd

City State Zip Code
Carlisle MA 01741-1866FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 38085104

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Hough

Mailing Address PO Box 192

City State Zip Code
Prides Crossing MA 01965-0192FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.68

Date of Receipt

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

Transaction ID: 38085108

Amount of Each Receipt this Period

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 113 / 224

(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. Courtney Neff

Mailing Address Salem Hospital
81 Highland AveCity State Zip Code
Salem MA 01970-2768FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 38085111

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Erik Nine

Mailing Address 213 Dedham Ave

City State Zip Code
Needham MA 02492-3036FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
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		2	9		2	0	1	0

Transaction ID: 38085112

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr. M Christian Semine

Mailing Address Union Hospital
500 Lynnfield StCity State Zip Code
Lynn MA 01904-1424FEC ID number of contributing
federal political committee.**C**Name of Employer
Commonwealth Radiology As-
sociates, IncOccupation
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
1	2		2	9		2	0	1	0

Transaction ID: 38085114

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 224

(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. Bruce Stewart

Mailing Address 235 Dodge St

City

Beverly

State

MA

Zip Code

01915-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology As-
sociates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 38085115

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alvin Yamamoto

Mailing Address 62 Ledge lawn Ave

City

Lexington

State

MA

Zip Code

02420-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology As-
sociates, Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

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

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

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 115 / 224

(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. Karen Goodhope

Mailing Address 43 Aberdeen Pl

City

Saint Louis

State

MO

Zip Code

63105-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1580.50

Date of Receipt

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

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

Chesterfield

State

MO

Zip Code

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

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

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

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Little Rock

State

AR

Zip Code

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

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

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

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 ▼

500.00

Date of Receipt

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

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

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 ▼

500.00

Date of Receipt

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

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 117 / 224

(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. Scott Harter

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 38085129

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Hays

Mailing Address 18 Farnham Loop

City State Zip Code
Little Rock AR 72223-9199

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: 38085130

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael King

Mailing Address Rad Consultants of Little Rock
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

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

Transaction ID: 38085131

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 224

(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 Kolb

Mailing Address 25 Talais Dr

City

Little Rock

State

AR

Zip Code

72223-9129

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 Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085132

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald J. Martin

Mailing Address 110 Buckland Pl

City

Little Rock

State

AR

Zip Code

72223-4567

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 Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085133

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

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 Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085134

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 / 224

(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 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

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

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 State Zip Code
Little Rock AR 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

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

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 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

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

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 120 / 224

(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

Little Rock

State

AR

Zip Code

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

Little Rock

State

AR

Zip Code

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

Little Rock

State

AR

Zip Code

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
1 2 / 2 9 / 2 0 1 0

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 121 / 224

(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 Stuckey

Mailing Address 216 Buckland Cir

City

Little Rock

State

AR

Zip Code

72223-4534

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 Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085142

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alan Williams

Mailing Address 55 Robinwood Dr

City

Little Rock

State

AR

Zip Code

72227-2238

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 Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38085143

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Aizpuru

Mailing Address 3200 West 44th St

City

Minneapolis

State

MN

Zip Code

55410-1435

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

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

Transaction ID: 38085144

Amount of Each Receipt this Period

520.00

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 122 / 224

(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

Lake Elmo

State

MN

Zip Code

55042-7600

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

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

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

Shoreview

State

MN

Zip Code

55126-3131

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

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

Transaction ID: 38085146

Amount of Each Receipt this Period

390.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Barkmeier

Mailing Address 3407 Saint Louis Ave

City

Minneapolis

State

MN

Zip Code

55416-4396

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 224

(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 Bretzke

Mailing Address 166 4th St E

City

Saint Paul

State

MN

Zip Code

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

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

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

Edina

State

MN

Zip Code

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

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

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

Stillwater

State

MN

Zip Code

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

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

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**

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(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. Ronnell Hansen

Mailing Address 1414 E Pond Rd

City

Eagan

State

MN

Zip Code

55122-2879

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

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

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

Inver Grove Height

State

MN

Zip Code

55077-4729

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

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

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

Saint Paul

State

MN

Zip Code

55105-1239

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

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

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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

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

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

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

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

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)
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FOR LINE NUMBER: PAGE 126 / 224

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Saint Paul

State

MN

Zip Code

55118-1714

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

M M / D D / 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 Edgumbe Rd

City

Saint Paul

State

MN

Zip Code

55116-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
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

Edina

State

MN

Zip Code

55424-1159

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

M M / D D / 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
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FOR LINE NUMBER: PAGE 127 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Saint Paul

State

MN

Zip Code

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

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

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

Hudson

State

WI

Zip Code

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

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

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

Eagan

State

MN

Zip Code

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

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

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**

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(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. Vladimir Savcenko

Mailing Address 168 6th St E Unit 4501

City

Saint Paul

State

MN

Zip Code

55101-2908

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

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

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

North Oaks

State

MN

Zip Code

55127-2617

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 ▼

210.00

Date of Receipt

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

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

Minneapolis

State

MN

Zip Code

55408-1052

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

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

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)
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FOR LINE NUMBER: PAGE 129 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Swanson

Mailing Address 1510 Edgcumbe Rd

City

Saint Paul

State

MN

Zip Code

55116-2301

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

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

Saint Paul

State

MN

Zip Code

55105-3323

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

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

Saint Louis Park

State

MN

Zip Code

55416-3827

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

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**

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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. Keith Wittenberg

Mailing Address 1780 Mississippi River Blvd S

City

Saint Paul

State

MN

Zip Code

55116-2650

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

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

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

Saint Paul

State

MN

Zip Code

55118-4747

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 ▼

620.00

Date of Receipt

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

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

Oklahoma City

State

OK

Zip Code

73121-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norman Radiology Services,
Inc.

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: 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)
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Detailed Summary Page

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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. Scott Lewis

Mailing Address 1300 11th St SW

City

Minot

State

ND

Zip Code

58701-5744

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

M M / D D / Y 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

Coopersburg

State

PA

Zip Code

18036-9743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physician Ass-
ociates

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 / 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

Copley

State

OH

Zip Code

44321-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wadsworth Imaging, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Jacksonville

State

FL

Zip Code

32256-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Jacksonville

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: 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

Horsham

State

PA

Zip Code

19044-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Main Line

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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

Chillicothe

State

IL

Zip Code

61523-9383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peoria Radiology Assoc

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: 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)
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FOR LINE NUMBER: PAGE 133 / 224

(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 Radiol-
ogy

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: 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 South-
western Medic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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

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

Transaction ID: 38219619

Amount of Each Receipt this Period

238.10

SUBTOTAL of Receipts This Page (optional)

988.10

TOTAL This Period (last page this line number only)

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

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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 Coulam

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 Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219620

Amount of Each Receipt this Period

238.10

B.

Full Name (Last, First, Middle Initial)

Dr. Ian Davey

Mailing Address 2107 Bluestem Ln

City State Zip Code
Boise ID 83706-6117

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: 38219621

Amount of Each Receipt this Period

238.10

C.

Full Name (Last, First, Middle Initial)

Dr. Ian 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
Imaging Center Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219623

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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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
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: 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
Imaging Center Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

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
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: 38219626

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**

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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 Radiologis-
ts, 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
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 Giaque

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
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 Giaque

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 Radiologis-
ts, 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
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

TOTAL This Period (last page this line number only)

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

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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

Boise

State

ID

Zip Code

83712-6647

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: 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

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

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 Alphonsus Regional Med Center
1055 N Curtis Rd

City

Boise

State

ID

Zip Code

83706-1352

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: 38219632

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)

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 Radiologis-
ts, 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
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 Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

Transaction ID: 38219646

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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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

Boise

State

ID

Zip Code

83712-7509

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: 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

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, 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
1 2 / 2 9 / 2 0 1 0

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

Boise

State

ID

Zip Code

83702-5858

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: 38219651

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**

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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. Dallas Peck

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 Radiologis-
ts, 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: 38219652

Amount of Each Receipt this Period

238.10

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Salber

Mailing Address 755 Troutner Way

City State Zip Code
Boise ID 83712-7546

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: 38219653

Amount of Each Receipt this Period

238.10

C.

Full Name (Last, First, Middle Initial)

Dr. Jason Salber

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 Radiologis-
ts, 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: 38219654

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**

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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

Meridian

State

ID

Zip Code

83642-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology, 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
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

Boise

State

ID

Zip Code

83702-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, 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
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

Boise

State

ID

Zip Code

83702-5858

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: 38219657

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**

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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 Radiologis-
ts, 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: 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 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 Radiologis-
ts, 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: 38219660

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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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Caroline Sobota

Mailing Address 417 Indigo Springs St

City

Henderson

State

NV

Zip Code

89014-3739

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: 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

Boise

State

ID

Zip Code

83702-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, 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
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

Boise

State

ID

Zip Code

83702-1864

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: 38219769

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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
Imaging Center Radiologis-
ts, 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
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
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: 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
Imaging Center Radiologis-
ts, 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
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**

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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
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: 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
Imaging Center Radiologis-
ts, 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: 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
Self-Employed

Occupation
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 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Radiologis-
ts, 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 Radiologis-
ts, 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**

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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

Boise

State

ID

Zip Code

83702-5072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Boise

State

ID

Zip Code

83702-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Atlanta

State

GA

Zip Code

30307-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedQuest Associates

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
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)

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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

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

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

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

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 As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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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Detailed Summary Page

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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

Windermere

State

FL

Zip Code

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
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

Studio City

State

CA

Zip Code

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
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

San Juan

State

PR

Zip Code

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
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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 224

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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. Leah Schafer

Mailing Address 101 Beacon Street Apt 7

City

Boston

State

MA

Zip Code

02116-1508

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 ▼

500.00

Date of Receipt

M M / D D / 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

Ridgefield

State

CT

Zip Code

06877-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 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

Tacoma

State

WA

Zip Code

98401-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Radiology Associat-
es

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
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)
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Detailed Summary Page

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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. 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 Associat-
es

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 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 Associat-
es

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 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 Asso-
ciates

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 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**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 152 / 224

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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. Curtis Poor

Mailing Address 2415 Eagle Cir

City

Bettendorf

State

IA

Zip Code

52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y 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

Ann Arbor

State

MI

Zip Code

48108-2492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huron Valley Radiology

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 / 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

Greensboro

State

NC

Zip Code

27408-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Baptist
Med C

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 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**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 153 / 224
(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. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

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	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

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	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

Fresno

State

CA

Zip Code

93730-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	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**

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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

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

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

Transaction ID: 38220008

Amount of Each Receipt this Period

25.00

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

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation

Diagnostic Radiologist

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 0 / 2 0 1 0

Transaction ID: 38220009

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City

Arden Hills

State

MN

Zip Code

55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: 38220010

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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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

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

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

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

Transaction ID: 38220012

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Francisco Arraiza

Mailing Address 1353 Luis Vigreux
PMB 250

City

Guaynabo

State

PR

Zip Code

00966-2715

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

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

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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

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

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

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

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

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma Health
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / 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

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham, PC

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 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

Charlotte

State

NC

Zip Code

28277-4546

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 ▼

1023.00

Date of Receipt

M M / D D / 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)
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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

Greenville

State

SC

Zip Code

29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

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

Middleton

State

WI

Zip Code

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

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

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

Bloomington

State

IL

Zip Code

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

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

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**

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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

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

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

Guaynabo

State

PR

Zip Code

00968-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Patricio MRI & Ct Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

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

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

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**

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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

Mailing Address Emory Univ Hosp

1701 Uppergate Dr 1st Fl C1104

City

Atlanta

State

GA

Zip Code

30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University Hospital

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: 38220046

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia

1120 15th St BA1414

City

Augusta

State

GA

Zip Code

30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

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: 38220047

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

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 ▼

1020.00

Date of Receipt

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

Transaction ID: 38220061

Amount of Each Receipt this Period

85.00

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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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

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1047.00

Date of Receipt

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

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

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

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

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

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Jackson

State

TN

Zip Code

38305-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Radiology Associa-
tes

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

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Birmingham

State

AL

Zip Code

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 ▼

1000.08

Date of Receipt

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

Transaction ID: 38220069

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Rayda Hernandez-Guasch

Mailing Address Mail Boxes Etc
89 Ave De Diego Ste 105

City

San Juan

State

PR

Zip Code

00927-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Puerto Rico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 38220070

Amount of Each Receipt this Period

25.00

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 ▼

360.00

Date of Receipt

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

Transaction ID: 38220071

Amount of Each Receipt this Period

30.00

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 164 / 224

(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 Drive

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

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

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 As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

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

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

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)
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(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 DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

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 ▼

1950.00

Date of Receipt

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

Transaction ID: 38220322

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st PI SE

City

Mill Creek

State

WA

Zip Code

98012-1336

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 ▼

1170.00

Date of Receipt

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

Transaction ID: 38220323

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

Dr. Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City

Seattle

State

WA

Zip Code

98177-4243

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 ▼

1000.20

Date of Receipt

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

Transaction ID: 38220324

Amount of Each Receipt this Period

400.08

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)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Clinton

State

WA

Zip Code

98236-9768

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 ▼

1950.00

Date of Receipt

M M / D D / Y 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

Seattle

State

WA

Zip Code

98102-6308

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 ▼

961.55

Date of Receipt

M M / D D / Y 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

Kirkland

State

WA

Zip Code

98033-6710

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 ▼

1560.00

Date of Receipt

M M / D D / Y 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**

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

FOR LINE NUMBER: PAGE 167 / 224

(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

Seattle

State

WA

Zip Code

98112-3903

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 ▼

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

Kirkland

State

WA

Zip Code

98033-4831

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 ▼

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

Kirkland

State

WA

Zip Code

98033-4426

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 ▼

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 168 / 224

(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. Ben Harmon

Mailing Address Radia Medical Imaging
728 134th St SW Ste 120City State Zip Code
Everett WA 98204-5322FEC 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 ▼

1772.55

Date of Receipt

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

Transaction ID: 38220332

Amount of Each Receipt this Period

272.70

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
Dallas TX 75254-8613FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Imaging & Inter-
ven specialisOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.08

Date of Receipt

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

Transaction ID: 38220346

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Dr. Katherine Hall

Mailing Address 5445 Caruth Haven Ln Apt 1223

City State Zip Code
Dallas TX 75225-8158FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Imaging and Int-
erventional SOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: 38220348

Amount of Each Receipt this Period

10.00

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 169 / 224

(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

Dallas

State

TX

Zip Code

75231-3848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

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
1 2 / 3 1 / 2 0 1 0

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

Dallas

State

TX

Zip Code

75230-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
North Texas

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

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

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

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 170 / 224

(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

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

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

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

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

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

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**

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for each category of the
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(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. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

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 ▼

840.00

Date of Receipt

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

Transaction ID: 38220362

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

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 ▼

840.00

Date of Receipt

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

Transaction ID: 38220363

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

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 ▼

840.00

Date of Receipt

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

Transaction ID: 38220364

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**

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for each category of the
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(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. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

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

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

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

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

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

Closter

State

NJ

Zip Code

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

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

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

New York

State

NY

Zip Code

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

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

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 174 / 224

(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. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / 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 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 ▼

499.98

Date of Receipt

M M / D D / 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 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 ▼

519.21

Date of Receipt

M M / D D / 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 175 / 224

(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

Tenafly

State

NJ

Zip Code

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

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

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

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

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

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

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

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

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 176 / 224

(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

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

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

Transaction ID: 38220377

Amount of Each Receipt this Period

38.46

B.

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 ▼

519.21

Date of Receipt

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

Transaction ID: 38220378

Amount of Each Receipt this Period

38.46

C.

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 ▼

519.21

Date of Receipt

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

Transaction ID: 38220379

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 177 / 224

(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 State Zip Code
Hackensack NJ 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

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

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 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 ▼

538.44

Date of Receipt

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

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 State Zip Code
Scottsdale AZ 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

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

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 178 / 224

(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. Geoffrey Crique

Mailing Address Southwest Diagnostic Imaging
PO Box 3114

City State Zip Code
Scottsdale AZ 85271-3114

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 ▼

300.00

Date of Receipt

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

Transaction ID: 38220383

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Bruce Gotway

Mailing Address 9850 N 128th St

City State Zip Code
Scottsdale AZ 85259-5344

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 ▼

900.00

Date of Receipt

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

Transaction ID: 38220384

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Horsley

Mailing Address Scottsdale Medical Imaging Ltd
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 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 ▼

850.00

Date of Receipt

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

Transaction ID: 38220385

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 179 / 224

(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

Scottsdale

State

AZ

Zip Code

85255-2538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation

Diagnostic Radiologist

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: 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

Fountain Hills

State

AZ

Zip Code

85268-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
PO Box 1573

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: 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

Scottsdale

State

AZ

Zip Code

85259-2718

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 ▼

1200.00

Date of Receipt

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

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 180 / 224

(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. Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City

Scottsdale

State

AZ

Zip Code

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

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

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

Scottsdale

State

AZ

Zip Code

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

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

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

Phoenix

State

AZ

Zip Code

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

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

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 181 / 224

(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 Taylor

Mailing Address 4045 E Desert Crest Dr

City

Paradise Valley

State

AZ

Zip Code

85253-3942

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 ▼

420.00

Date of Receipt

M M / D D / 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

Paradise Valley

State

AZ

Zip Code

85253-1735

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 ▼

1080.00

Date of Receipt

M M / D D / 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

Scottsdale

State

AZ

Zip Code

85260-6143

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

M M / D D / 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 182 / 224

(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 Keiper

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

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: 38220401

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald Korn

Mailing Address 6419 E Caron Dr

City State Zip Code
Paradise Valley AZ 85253-1862

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

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

Transaction ID: 38220402

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Kuo

Mailing Address 13026 E Turquoise Ave

City State Zip Code
Scottsdale AZ 85259-5341

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

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

Transaction ID: 38220403

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 224

(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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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. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
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: 38220404

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 8370 Rustic Woods Way

City State Zip Code
Loomis CA 95650-8038FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
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: 38220405

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City State Zip Code
Folsom CA 95630-8140FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
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: 38220406

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2720.16

Date of Receipt

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

Transaction ID: 38220407

Amount of Each Receipt this Period

680.04

B.

Full Name (Last, First, Middle Initial)

Dr. Nicole Carbo

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 Sa-
cramento

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: 38220408

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code
El Macero CA 95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 38220409

Amount of Each Receipt this Period

300.00

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 185 / 224

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Davis

State

CA

Zip Code

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
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

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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
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

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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)
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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

El Dorado Hills

State

CA

Zip Code

95762-7544

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 ▼

240.00

Date of Receipt

M M / D D / 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

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Roseville

State

CA

Zip Code

95661-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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**

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Detailed Summary Page

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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

Mailing Address 5249 Wyndham Oak Ln

City

Carmichael

State

CA

Zip Code

95608-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 38220416

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Glenn Hofer

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad 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: 38220417

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City

Sacramento

State

CA

Zip Code

95818-4024

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 ▼

1008.00

Date of Receipt

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

Transaction ID: 38220418

Amount of Each Receipt this Period

252.00

SUBTOTAL of Receipts This Page (optional)

852.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 188 / 224

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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

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 224

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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

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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**

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FOR LINE NUMBER: PAGE 190 / 224

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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. 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
Rad Assoc of Sacramento
Med Gr

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: 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
Radiological Assoc. of Sa-
cramento

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: 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
Radiological Assoc. of Sa-
cramento

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: 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 224

(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

Davis

State

CA

Zip Code

95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Carmichael

State

CA

Zip Code

95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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)
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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. 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 Sac-
ramento

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: 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 Sa-
cramento

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: 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 Sa-
cramento

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: 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**

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☐ 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. 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 Sa-
cramento

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: 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 Sa-
cramento

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: 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 Sa-
cramento

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: 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 194 / 224

(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. Frederic Conte

Mailing Address 918 Colby Dr

City

Davis

State

CA

Zip Code

95616-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

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: 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

Sacramento

State

CA

Zip Code

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
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

Sacramento

State

CA

Zip Code

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
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 195 / 224

(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 Sa-
cramento

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: 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 Sa-
cramento

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 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 Sa-
cramento

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 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 196 / 224

(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. 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 Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

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

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 Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

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

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

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 197 / 224

(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

Mailing Address Rad Associates of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
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: 38220447

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Pu

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc of Sac-
ramenOccupation
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: 38220448

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
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: 38220449

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 198 / 224

(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. Janice Ryu

Mailing Address 2090 8th Ave

City

Sacramento

State

CA

Zip Code

95818-4211

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 ▼

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

Sacramento

State

CA

Zip Code

95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sac-
ramento Med C

Occupation

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

Auburn

State

CA

Zip Code

95603-3208

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 ▼

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 199 / 224

(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. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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: 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 200 / 224

(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. Catherine Everett

Mailing Address 812 Madame Moore Ln

City

New Bern

State

NC

Zip Code

28562-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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 201 / 224

(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. Stephen Sides

Mailing Address 112 Allen Dr

City

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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 202 / 224

(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

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

New Bern

State

NC

Zip Code

28562-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

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

Virginia Beach

State

VA

Zip Code

23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, 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 203 / 224

(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. Theodore Dorsay

Mailing Address 1500 Chandon Cres

City

Virginia Beach

State

VA

Zip Code

23454-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

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
1 2 / 3 1 / 2 0 1 0

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

Virginia Beach

State

VA

Zip Code

23454-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.00

Date of Receipt

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

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

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.32

Date of Receipt

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 224

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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. Lester Johnson

Mailing Address 1021 Downshire Chase

City

Virginia Beach

State

VA

Zip Code

23452-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, 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
1 2 / 3 1 / 2 0 1 0

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

Virginia Beach

State

VA

Zip Code

23451-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

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

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

Virginia Beach

State

VA

Zip Code

23452-4730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

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

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)
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FOR LINE NUMBER: PAGE 205 / 224

(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. 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 Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

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

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 Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

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 Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

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

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Radiologis-
ts, I

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: 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

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

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 224

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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

Knoxville

State

TN

Zip Code

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

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

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

Cleveland

State

TN

Zip Code

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

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

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

Killen

State

AL

Zip Code

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

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

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)
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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

Mailing Address Vista Radiology
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
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 38220480

Amount of Each Receipt this Period

130.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hugh DeLozier

Mailing Address 8936 Hemingway Grove Cir

City State Zip Code
Knoxville TN 37922-8087

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

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

Transaction ID: 38220481

Amount of Each Receipt this Period

249.96

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Emanuel

Mailing Address 117 Amanda Pl

City State Zip Code
Oak Ridge TN 37830-7814

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

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

Transaction ID: 38220482

Amount of Each Receipt this Period

249.96

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 224

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Knoxville

State

TN

Zip Code

37919-6616

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 ▼

500.02

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

Knoxville

State

TN

Zip Code

37916-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista 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
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

Knoxville

State

TN

Zip Code

37916-1834

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 ▼

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Daryl Harp

Mailing Address 3911 Jackson Bend Dr

City

Louisville

State

TN

Zip Code

37777-3789

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

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

Knoxville

State

TN

Zip Code

37922-2430

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

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

Knoxville

State

TN

Zip Code

37922-9411

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

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 211 / 224

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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. 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
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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**

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FOR LINE NUMBER: PAGE 212 / 224

(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. Clifford Meservy

Mailing Address 1412 Kensington Drive

City

Knoxville

State

TN

Zip Code

37922-6038

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

M M / D D / 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

Knoxville

State

TN

Zip Code

37934-7419

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

M M / D D / 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

Knoxville

State

TN

Zip Code

37919-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / 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 213 / 224

(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. Gayle Roulier

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
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

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

Transaction ID: 38220495

Amount of Each Receipt this Period

249.96

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Santee

Mailing Address 603 Rumblewood Ln

City State Zip Code
Seymour TN 37865-5564

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

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

Transaction ID: 38220496

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amanda Squires

Mailing Address Vista Radiology
2001 Laurel Ave N-304

City State Zip Code
Knoxville TN 37916-1810

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 ▼

240.00

Date of Receipt

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

Transaction ID: 38220497

Amount of Each Receipt this Period

120.00

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 214 / 224

(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 Wenzke

Mailing Address 1837 Regents Park Rd

City

Knoxville

State

TN

Zip Code

37922-8581

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 ▼

343.72

Date of Receipt

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

Transaction ID: 38220498

Amount of Each Receipt this Period

93.76

B.

Full Name (Last, First, Middle Initial)

Dr. John Williams, III

Mailing Address 1500 Halesworth Ln

City

Knoxville

State

TN

Zip Code

37922-8561

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

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

Transaction ID: 38220499

Amount of Each Receipt this Period

249.96

C.

Full Name (Last, First, Middle Initial)

Dr. Keith Woodward

Mailing Address 3861 Dellwood Dr

City

Knoxville

State

TN

Zip Code

37919-6634

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

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

Transaction ID: 38220500

Amount of Each Receipt this Period

249.96

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 215 / 224

(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. Donovan Yamada

Mailing Address 3057 Twisted Twig Ln

City

Apison

State

TN

Zip Code

37302-7574

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

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

Transaction ID: 38220501

Amount of Each Receipt this Period

249.96

B.

Full Name (Last, First, Middle Initial)

Dr. Sadri Akin

Mailing Address 14 La Sierra Dr

City

Pomona

State

CA

Zip Code

91766-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 38226752

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

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

Transaction ID: 38226753

Amount of Each Receipt this Period

250.00

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 216 / 224

(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. Leyla Mohass Azmoun

Mailing Address 2863 East Richmond

City

Fresno

State

CA

Zip Code

93720-0312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates
Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 38226754

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry De St Jeor

Mailing Address 549 E Mallard Cir

City

Fresno

State

CA

Zip Code

93720-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 38226755

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City

Fresno

State

CA

Zip Code

93730-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

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

Transaction ID: 38226756

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 217 / 224

(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

Fresno

State

CA

Zip Code

93711-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

Garden Grove

State

CA

Zip Code

92840-5955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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. Carolyn Meltzer

Mailing Address Emory University Hospital
1364 Clifton Rd Rm D112

City

Atlanta

State

GA

Zip Code

30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

Transaction ID: 39841034

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

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 218 / 224

(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. 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
Albert Einstein Medical
CenterOccupation
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	9		2	0	1	0

Transaction ID: 39985057

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)

0.00

TOTAL This Period (last page this line number only)

146772.36

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

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

FOR LINE NUMBER: PAGE 219 / 224

(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

Hickory

State

NC

Zip Code

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

Washington

State

DC

Zip Code

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 220 / 224

<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	Transaction ID: 37761518 Date of Disbursement																				
Mailing Address PO Box 311	<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>0</td><td>7</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		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	1	0												
City Jasper State TN Zip Code 37347	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Debt Retirement	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Scott Desjarlais	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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	2010 Primary Debt Retirement																				
B. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 37761649 Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<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>0</td><td>7</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		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	1	0												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. Orrin G. Hatch	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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) ▼																					
C. Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 37761757 Date of Disbursement																				
Mailing Address 818 Connecticut Avenue Northwest Suite 1100	<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>0</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		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Glacier PAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

12000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 221 / 224

<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
WashingtonState
DCZip Code
20005

Purpose of Disbursement

011

Category/
TypeCandidate Name
DakpacOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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 710City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

Category/
TypeCandidate Name
Sen. John F. KerryOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

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
TopekaState
KSZip Code
66601

Purpose of Disbursement

011

Category/
TypeCandidate Name
Leading Your Nation Now PAC (LYNN PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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 222 / 224

<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

MM / DD / YYYY
12 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

25500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

A.

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 224 / 224

<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

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 38226026

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

461.96

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 38458089

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

1621.58

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

2083.54

TOTAL This Period (last page this line number only)

2083.54