

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343459

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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 (12S)

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

11

01

2005

through

11

30

2005

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

Type or Print Name of Treasurer

Dr. Milton Guiberteau

Signature of Treasurer

Electronically Filed by Dr. Milton Guiberteau

Date

01

06

2006

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: <sup>M</sup>11 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>11 <sup>D</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		255166.29
(b) Cash on Hand at Beginning of Reporting Period .....	256534.98	
(c) Total Receipts (from Line 19) .....	19988.59	477817.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	276523.57	732984.26
<hr/>		
7. Total Disbursements (from Line 31) .....	26416.57	482877.26
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	250107.00	250107.00
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: <sup>M</sup>11 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>11 <sup>-</sup>30 <sup>-</sup>2005

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) .....	16053.55	383205.83
(ii) Unitemized .....	3431.17	89666.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	19484.72	472872.10
(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) .....	19484.72	472872.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	503.87	4545.87
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)) .....	19988.59	477817.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19988.59	477817.97

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	416.57	11697.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	416.57	11697.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	471180.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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 ActMty (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))..	26416.57	482877.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	26416.57	482877.26

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	19484.72	472872.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19484.72	472872.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	416.57	11697.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	416.57	11697.26

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

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

FOR LINE NUMBER: PAGE 6 / 54

(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

Full Name (Last, First, Middle Initial) <b>A. Ole Assar</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 201 B Dilworth Rd. E		Transaction ID: 81580-28212710142135
City	State	Zip Code
Charlotte	NC	28203-5726
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah Agisim</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 560D Laurium Road		Transaction ID: 81580-43476504087448
City	State	Zip Code
Charlotte	NC	28226-5610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. John Agola</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1412 Hickman Drive		Transaction ID: 47863-15903872251510
City	State	Zip Code
Virginia Beach	VA	23452-4705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.88
Name of Employer Medical Center Radiologis- ts. I	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

SUBTOTAL of Receipts This Page (optional) .....	<b>224.88</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7/54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Vanessa Abernax</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 302 Wesley Road		Transaction ID: 81580-52148073911667
City Greenville	State NC	Zip Code 27858-6535
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists Inc.	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Jorge Albin</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 845 Mulberry Lane		Transaction ID: 81580-48305910825729
City Bellaire	State TX	Zip Code 77401-3803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer St Joseph Radiology Associates	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) <b>C. Bibb Allen</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 3245 E Briarcliff Road		Transaction ID: 15968-99786013364792
City Birmingham	State AL	Zip Code 35223-1304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Montclair Baptist Medical Center	Occupation Diagnostic Radiologist	Amex - Quarterly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>331.67</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Eric Alpert</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 321 B Seven Eagles Rd		Transaction ID: 12288-17304629087448
City Charlotte	State NC	Zip Code 28210-5838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Amex
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Vittorio Antonucci</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 10809 Lederer Avenue		Transaction ID: 81580-06451052427281
City Charlotte	State NC	Zip Code 28277-1493
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Appelman</b>		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 3440 Saddlebrook Lane		Transaction ID: 77300-11082778080104
City Weston	State FL	Zip Code 33331-5000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>792.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ross Belavia</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 873D Seton House Lane		Transaction ID: 81580-55648440122804
City State Zip Code Charlotte NC 28277-4519	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Beloni</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 5624 Laurium Road		Transaction ID: 81580-30265444517135
City State Zip Code Charlotte NC 28226-5610	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 45.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Bernardy</b>		Date of Receipt M / D / Y 11 / 19 / 2005
Mailing Address 1031 Jimson Drive Southeast		Transaction ID: 15749-910B2400083542
City State Zip Code Conyers GA 30013-2084	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Imaging Specialists	Occupation Diagnostic Radiologist	Amex - Semi-Annual
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	335.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Edward Black</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 3885 Pelham Lane		Transaction ID: 81580-68201845884323
City Charlotte	State NC	Zip Code 28211-3721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) <b>B. Cara Bonowitz</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 105 Shoal Quay		Transaction ID: 47663-63584536314011
City Chesapeake	State VA	Zip Code 23320-2019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

Full Name (Last, First, Middle Initial) <b>C. Barbara Bourtand</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 115 Edgewater Drive		Transaction ID: 77546-37769716878073
City Dunedin	State FL	Zip Code 34658-7531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>434.86</b>
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 11 / 54

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Brannon</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 7 Foxglove Court		Transaction ID: 81580-2546197720260
City Greenville	State SC	Zip Code 29615-5505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>B. John Campbell</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1824 Curraghmore Road		Transaction ID: 47663-21757143735885
City Clemmons	State NC	Zip Code 27012-8851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Wui Chong</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 801 E Woodcroft Parkway Apt. 2631		Transaction ID: 47663-05358523130416
City Durham	State NC	Zip Code 27713-8291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of North Carol- ina	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>702.00</b>
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 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Toby Cole</b>		Date of Receipt M / D / Y 11 / 26 / 2005
Mailing Address 441 Old Haw Creek Road		Transaction ID: 81580-57409304380417
City Asheville	State NC	Zip Code 28805-1423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Asheville Radiology Assoc.	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Cross</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 917 Bobalink Drive		Transaction ID: 47663-74560183286667
City Virginia Beach	State VA	Zip Code 23451-4944
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth D'Angelo</b>		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 108 Bur Ben Lane		Transaction ID: 16197-8051751971244B
City New Bern	State NC	Zip Code 28560-7520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Coastal Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>262.86</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Haywood Davis</b>		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 10 Ambassador Drive		Transaction ID: 47663-05584353208541
City	State	
Hampton	VA	Zip Code 23666-6021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>142.86</b>
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ <b>714.30</b>
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kirin Davis</b>		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 1005 Caton Drive		Transaction ID: 47663-85972231626511
City	State	
Virginia Beach	VA	Zip Code 23454-3162
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>114.29</b>
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ <b>571.45</b>
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Raul De La Vega</b>		Date of Receipt M / D / Y Y Y Y 11 / 11 / 2005
Mailing Address 2936 Grampian Drive		Transaction ID: B1580-12925358828510
City	State	
Gastonia	NC	Zip Code 28054-6402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.00</b>
Name of Employer Shelby Radiological Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ <b>320.00</b>
Receipt For: Primary          General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>297.15</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. William Demarini</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 126 Terrace Avenue		Transaction ID: 77546-00042981021041
City Kentfield	State Zip Code CA 94904-1531	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer CA Advanced Imaging	Occupation Diagnostic Radiologist	325.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. John Donnal</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 804 Royal Oak Close		Transaction ID: 47663-45940798521042
City Virginia Beach	State Zip Code VA 23452-6264	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, I	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Theodore Dorsey</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1500 Chandon Crescent		Transaction ID: 47663-25353840317917
City Virginia Beach	State Zip Code VA 23454-1367	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>360.72</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) A. George Edmonson		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 8621 Inouais Trail		Transaction ID: 19480-14748781919479
City Edina	State MN	Zip Code 55439-1015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St Paul Radiology PA	Occupation Interventional Radiologist	Amerx
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Carl Eisenberg		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 9554 Hunting Court		Transaction ID: 81580-19543083442917
City Matthews	State NC	Zip Code 28105-1563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Nina Fabiszewski		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 3913 Regal Court		Transaction ID: 47863-55151003599167
City Virginia Beach	State VA	Zip Code 23452-3840
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.88
Name of Employer Medical Center Radiologis- ts, I	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

SUBTOTAL of Receipts This Page (optional) .....	<b>432.88</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Rita Freimanis</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 1112 Glousman Road		Transaction ID: 81580-01360720396041
City	State	Zip Code
Winston Salem	NC	27104-1217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wake Forest Univ Sch of Medicine	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		
		Visa - Monthly

Full Name (Last, First, Middle Initial) <b>B. George Fulz</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1116 W 7th St		Transaction ID: 12268-63938540220261
City	State	Zip Code
Columbia	TN	38401-1811
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Yan Gao</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 592 Chapel Lake Drive Apt 302		Transaction ID: 47863-65851382017136
City	State	Zip Code
Virginia Beach	VA	23454-4143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, Inc	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 714.30
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	<b>417.86</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. David Giles</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 3088 S Whitepost Way		Transaction ID: 60896-53428286314011
City Eagle	State ID	Zip Code 83616-6461
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer St. Alphonsus Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gordon Goodman</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 2149 Laurence Drive		Transaction ID: 77546-53928774595261
City Clearwater	State FL	Zip Code 33764-6467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Radiology Associates of Clearwater	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susanne Grasso</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 211B Windward Shore Drive		Transaction ID: 47863-81376284360886
City Virginia Beach	State VA	Zip Code 23451-1728
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 714.30
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1342.86</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. John Gustavsson</b>		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 281 B Northwest Westover Road		Transaction ID: 77900-95077151060105
City Portland	State OR	Zip Code 97210-2825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Consultants, In- c. Receipt For: Primary      General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William Hadley</b>		Date of Receipt M / D / Y Y Y Y 11 / 22 / 2005
Mailing Address 1625 Dilworth Rd. W		Transaction ID: 81580-95846194028955
City Charlotte	State NC	Zip Code 28203-5213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology Receipt For: Primary      General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 440.00	Visa - Monthly

Full Name (Last, First, Middle Initial) <b>C. Anton Haseo</b>		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 1185 W Highland Ave		Transaction ID: 12288-81834157B98042
City Redlands	State CA	Zip Code 92373-6858
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Univ of CA-Irvine Med Ctr Receipt For: Primary      General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>790.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Peter Hindel</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 8818 Brownes Pond Lane		Transaction ID: 81580-10206240415573
City Charlotte	State NC	Zip Code 28277-8672
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mercy Hospital	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Ho</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1314 Hiawatha Drive		Transaction ID: 47663-75237673521042
City Virginia Beach	State VA	Zip Code 23464-6152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, I	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

Full Name (Last, First, Middle Initial) <b>C. John Howard</b>		Date of Receipt M / D / Y 11 / 13 / 2005
Mailing Address 3030 Latrobe Drive		Transaction ID: B1580-32885378599167
City Charlotte	State NC	Zip Code 28211-4868
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>222.86</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Johnson</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 850 Chiltern Road		Transaction ID: 77546-11414736509323
City Hillsborough	State CA	Zip Code 94010-7028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lester Johnson</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1021 Downshire Chase		Transaction ID: 47663-61175173521042
City Virginia Beach	State VA	Zip Code 23452-6154
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 714.30
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Kelley</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 2500 Maynard Road		Transaction ID: B1580-8538087176323D
City Charlotte	State NC	Zip Code 28270-0754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 482.00
Receipt For: Primary General Other (specify) ▼		

Amex - Monthly

SUBTOTAL of Receipts This Page (optional) ..... ▶ **259.86**

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

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

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

FOR LINE NUMBER: PAGE 21 / 54

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Yoonah Kim</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 917 Kings Cross		Transaction ID: 47683-29116457700729
City Virginia Beach	State VA	Zip Code 23452-6230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 121.43
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 607.15
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Karnick</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 1954 Stockbridge Road		Transaction ID: 77546-47680871763229
City Akron	State OH	Zip Code 44313-4539
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Edward Kouri</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 4030 Beresford Road		Transaction ID: B1580-28564089538667
City Charlotte	State NC	Zip Code 28211-5808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 482.00
Receipt For: Primary General Other (specify) ▼		

Visa - Monthly

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>663.43</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 54

(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

Full Name (Last, First, Middle Initial) <b>A. Henryk Kowalski</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 512 Chesapeake Place		Transaction ID: 81580-80231875181198
City Greenville	State NC	Zip Code 27858-0678
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Kowalski</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 127 N Tryon Street Apt. 408		Transaction ID: 81580-70930117368698
City Charlotte	State NC	Zip Code 28202-1107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Kuszyk</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 3219 Old Oak Walk		Transaction ID: 81580-79833820788687
City Greenville	State NC	Zip Code 27858-8441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>122.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. H. Lackey</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 230 Wylou Dr NW		Transaction ID: 11737-65420166636230
City Charleston	State TN	Zip Code 37310-5179
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cleveland Radiology Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Fred Lassiter</b>		Date of Receipt M / D / Y 11 / 25 / 2005
Mailing Address 3905 Cary Street Road		Transaction ID: 81580-20179384946823
City Richmond	State VA	Zip Code 23221-2608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 462.00
Receipt For: Primary      General Other (specify) ▼		
		Visa - Monthly

Full Name (Last, First, Middle Initial) <b>C. Michael Lavelle</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 12103 Woodcliff Lane		Transaction ID: 81580-07169741392135
City Charlotte	State NC	Zip Code 28277-5033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary      General Other (specify) ▼		
		Visa - Monthly

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>332.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 24 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Thomas Lawrence</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 21 Flagship Cove		Transaction ID: 15988-29446047544479
City Greensboro	State NC	Zip Code 27455-3428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Greensboro Radiology PA	Occupation Diagnostic Radiologist	Visa - Quarterly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Leibel</b>		Date of Receipt M / D / Y 11 / 12 / 2005
Mailing Address 19 Woodleaf Avenue		Transaction ID: 81580-83534487485886
City Redwood City	State CA	Zip Code 94061-1823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Stanford University	Occupation Radiation Oncologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Rudolph Lin</b>		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 4109 N Windover Court		Transaction ID: 19460-45910280842917
City Appleton	State WI	Zip Code 54913-6321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates of the Fox Valley	Occupation Diagnostic Radiologist	Amex
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>365.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 25 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Deborah Langley</b>		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 1518 Edgcombe Road		Transaction ID: 19480-56495302915573
City Saint Paul	State MN	Zip Code 55116-2301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St Paul Radiology	Occupation Diagnostic Radiologist	Amerx
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. H. Langmaid</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 75 Wolcott Road		Transaction ID: 81580-29385012388229
City Chestnut Hill	State MA	Zip Code 02467-3108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Deaconess Hospital	Occupation Diagnostic Radiologist	MFC - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Lutto</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 502 Kensington Drive		Transaction ID: 81580-39963930845281
City Greenville	State NC	Zip Code 27858-9610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>332.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Magnuson</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 3493 Siems Court		Transaction ID: 81580-46410769224167
City Arden Hills	State MN	Zip Code 55112-3639
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer St. Paul Radiology, P.A.	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Aneal Mandava</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 239 Duke Street Unit 410		Transaction ID: 47663-94466789497605
City Norfolk	State VA	Zip Code 23510-0823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.29
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 571.45	

Full Name (Last, First, Middle Initial) <b>C. Alfrad Mansour</b>		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address 2400 Horseshoe Drive		Transaction ID: B1580-36440876450729
City Alexandria	State LA	Zip Code 71301-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer Central LA Imaging Inc.	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 918.74	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>247.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. David Mercantonio</b>		Date of Receipt M / D / Y 11 / 05 / 2005
Mailing Address Georgia West Imaging 119 Maple St Ste 205		Transaction ID: 16197-68212527036667
City Carrollton	State Zip Code GA 30117-3259	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Georgia West Imaging	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Eric Martin</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 9 Doctors Park		Transaction ID: 81580-24430483579635
City Greenville	State Zip Code NC 27834-2801	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Terry Martin</b>		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 81580-25474184751510
City Birmingham	State Zip Code AL 35218-2152	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rad Assoc of Birmingham PC	Occupation Diagnostic Radiologist	M/C- Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>240.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Bernard Masters</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address B Misty Lane		Transaction ID: 15749-52129703964792
City Greenville	State SC	
Zip Code 29615-6049		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Amex - Semi-Annual
Name of Employer Medical Univ of South Car- olin	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Melina</b>		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 8431 Springwater Dr		Transaction ID: 19460-61365908384323
City Columbus	State GA	
Zip Code 31904-2973		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Amex
Name of Employer Radiology Associates of Columbus, PC	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Janet Merfeld</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 183 Abbotsford Road		Transaction ID: 77546-80741518735886
City Cedar Rapids	State IA	
Zip Code 52403-7040		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Radiation Oncology of Cedar Rapids, Inc	Occupation Radiation Oncologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Mexbome</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 1702 S Thames Court		Transaction ID: 81580-73060244321823
City Greenville	State NC	Zip Code 27858-8130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Mittl</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 4733 Coburn Court		Transaction ID: 81580-37485903501510
City Charlotte	State NC	Zip Code 28277-2593
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

Full Name (Last, First, Middle Initial) <b>C. Demetrius Morris</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 1045 Laka Colony Lane		Transaction ID: 81580-51371401548386
City Birmingham	State AL	Zip Code 35242-7402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>157.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Moseley</b>		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 901 Lambourne Court		Transaction ID: 47683-00739687681198
City Chesapeake	State VA	Zip Code 23322-9089
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Susan Miligan</b>		Date of Receipt M / D / Y Y Y Y 11 / 27 / 2005
Mailing Address 2000 Country Ridge Circle		Transaction ID: 81580-12730044126510
City Birmingham	State AL	Zip Code 35243-4305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Radiology Associates of Birmingham	Occupation Diagnostic Radiologist	400.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

M/C - Monthly

Full Name (Last, First, Middle Initial) <b>C. Robert Newman</b>		Date of Receipt M / D / Y Y Y Y 11 / 20 / 2005
Mailing Address 913 Southview Place Northeast		Transaction ID: 81580-00935000181198
City Lenoir	State NC	Zip Code 28645-3755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Visa - Monthly

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Chan Nguyen</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 913 Great Marsh Avenue		Transaction ID: 47683-00550478696823
City Chesapeake	State Zip Code VA 23320-0682	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, I	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. David Obley</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address PO Box 405		Transaction ID: 77546-79920595884323
City Irwin	State Zip Code PA 15642-0405	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer R&R Radiology Consultants	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Evisleen Dieink</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1021 Downshire Chase		Transaction ID: 47683-1068384051322B
City Virginia Beach	State Zip Code VA 23452-6154	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.14
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist	285.70
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>700.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Kip Park</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 2044 Thomas Bishop Ln		Transaction ID: 47663-95833986997605
City Virginia Beach	State VA	Zip Code 23454-1130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.29
Name of Employer Medical Center Radiolog- ists, Inc.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 571.45
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Curtis Poor</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 2415 Eagle Circle		Transaction ID: 15668-80163728208542
City Bettendorf	State IA	Zip Code 52722-6202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Group PC SC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Visa - Quarterly

Full Name (Last, First, Middle Initial) <b>C. William Proctor</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 18601 Peninsula Cove Lane		Transaction ID: B1580-81027163287136
City Cornelius	State NC	Zip Code 28031-7752
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Visa - Monthly

SUBTOTAL of Receipts This Page (optional) .....	<b>404.29</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Robert Rable</b>		Date of Receipt M / D / Y 11 / 25 / 2005
Mailing Address 500 E Worthington Avenue		Transaction ID: 81580-92286318540574
City Charlotte	State NC	Zip Code 28203-6346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology, P.A.	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Raslin</b>		Date of Receipt M / D / Y 11 / 20 / 2005
Mailing Address 144 N Sewalls Point Road		Transaction ID: 15968-31853884458542
City Stuart	State FL	Zip Code 34966-6502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Michael M. Raslin, P.A.	Occupation Diagnostic Radiologist	Amex - Quarterly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. James Rauseh</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 11931 Kingsbridge Rd		Transaction ID: 12288-46361941099167
City Fort Wayne	State IN	Zip Code 46814-7554
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ft Wayne Radiology Association	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>540.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Richard Redvanly</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 4315 Gosford Place		Transaction ID: 81580-13293093442917
City Charlotte	State NC	Zip Code 28277-4546
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Rice</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 3704 North Blvd Ste A		Transaction ID: 16197-85607546567917
City Alexandria	State LA	Zip Code 71301-3606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer Central Louisiana Imaging	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.63	

Full Name (Last, First, Middle Initial) <b>C. Bradford Richmond</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 1122 Forest Road		Transaction ID: B1580-16671389341354
City Lakewood	State OH	Zip Code 44107-1043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Cleveland Clinic Foundati- on	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>288.33</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 35 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Hans Sechse</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 4200 Faigle Road		Transaction ID: 47683-40815371274948
City Portsmouth	State Zip Code VA 23703-4811	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Arthur Sandy</b>		Date of Receipt M / D / Y 11 / 27 / 2005
Mailing Address 2821 Argyle Road		Transaction ID: 81580-54182751646042
City Birmingham	State Zip Code AL 35213-3403	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Advanced Imaging Assoc of AL	Occupation Diagnostic Radiologist	680.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Amex - Monthly

Full Name (Last, First, Middle Initial) <b>C. Eric Sax</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 9 Old Sudbury Road		Transaction ID: 81580-81161135435105
City Lincoln	State Zip Code MA 01773-4807	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Newton Wesleyley Radiology Associates	Occupation Diagnostic Radiologist	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Amex - Monthly

SUBTOTAL of Receipts This Page (optional) .....	▶	335.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Bruce Schroeder</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 738 Lexington Drive		Transaction ID: 81580-02441042661666
City Greenville	State NC	Zip Code 27834-0507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Schwarz</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 2923 Providence Trail Lane		Transaction ID: 81580-18560945005417
City Charlotte	State NC	Zip Code 28270-0666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) <b>C. Verlen Scott</b>		Date of Receipt M / D / Y 11 / 23 / 2005
Mailing Address 3872 Timberline Way		Transaction ID: 81580-28414128157780
City Birmingham	State AL	Zip Code 35243-2452
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Radiology Assoc of Birmingham	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>132.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

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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

Full Name (Last, First, Middle Initial) <b>A. Rajiv Sharma</b>		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 480B Alexander Valley Drive Apt. 1		Transaction ID: 16197-59644716978073
City Charlotte	State NC	Zip Code 28270-1524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Sarah Shaves</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 163B Cutty Sark Road		Transaction ID: 47663-30945986509323
City Virginia Beach	State VA	Zip Code 23454-1549
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.29
Name of Employer Medical Center Radiologis- ts	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 571.45	

Full Name (Last, First, Middle Initial) <b>C. Dale Shaw</b>		Date of Receipt M / D / Y 11 / 13 / 2005
Mailing Address 3801 Sharon Road		Transaction ID: B1580-97088259458542
City Charlotte	State NC	Zip Code 28211-3325
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>198.29</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Douglas Shusterman</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 502 Carnoustie Dr		Transaction ID: 81580-71514528989792
City Greenville	State NC	Zip Code 27858-8131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Sloan</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 3000 Capitol Avenue		Transaction ID: 81580-68442834751511
City Cheyenne	State WY	Zip Code 82001-2525
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Cheyenne Radiology and MR- I, P.C.	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Lerner Smith</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 2574 Ocean Shore Avenue		Transaction ID: 47863-27906435728073
City Virginia Beach	State VA	Zip Code 23451-1412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.88
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

SUBTOTAL of Receipts This Page (optional) .....	<b>222.88</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Amy Gabel</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 111 D4 Creek Point Drive		Transaction ID: 81580-1774255633542
City State Zip Code Matthews NC 28105-7702	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Adam Spacht</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 480B Lauderdale Avenue Apt. A		Transaction ID: 47663-37215822635104
City State Zip Code Virginia Beach VA 23455-1419	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 121.43
Name of Employer Medical Center Radiologis- ts, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 607.15	

Full Name (Last, First, Middle Initial) <b>C. Edward Sultman</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 25 Clarendon Road		Transaction ID: B1580-69812563857761
City State Zip Code Birmingham AL 35213-4303	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Associates of Alabama	Occupation Diagnostic Radiologist	Amex - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>196.43</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Charles Sutton</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 301 Crossgate Drive		Transaction ID: 12266-02100771665573
City Clarks Summit	State PA	Zip Code 18411-8868
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiological Consultants, Inc.	Occupation Diagnostic Radiologist	250.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Marie Taylor</b>		Date of Receipt M / D / Y 11 / 13 / 2005
Mailing Address 633 Flanders Drive		Transaction ID: 15666-83457583189011
City Saint Louis	State MO	Zip Code 63122-1619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wash Univ. School of Medicine	Occupation Radiation Oncologist	1250.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

M/C - Quarterly

Full Name (Last, First, Middle Initial) <b>C. Dorenda Thomas</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 114B Pulaski Highway Apt. 107432		Transaction ID: 47663-89516848325730
City Bear	State DE	Zip Code 19701-1308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	240.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	580.00
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 41 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Richard Thomas</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1037 Long Beeches Avenue		Transaction ID: 47683-68273134946823
City Chesapeake	State VA	Zip Code 23320-0681
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Tripp</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 751 Lexington Drive		Transaction ID: 81580-54180544614792
City Greenville	State NC	Zip Code 27834-0508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	240.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Visa - Monthly

Full Name (Last, First, Middle Initial) <b>C. Christopher Mitch</b>		Date of Receipt M / D / Y 11 / 24 / 2005
Mailing Address 2823 Lemon Tree Lane		Transaction ID: 81580-83456057310105
City Charlotte	State NC	Zip Code 28211-3643
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	962.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Visa - Monthly

SUBTOTAL of Receipts This Page (optional) .....	<b>224.86</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 42 / 54  
(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

Full Name (Last, First, Middle Initial) <b>A. Harlan Vingan</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 2718 Spigel Drive		Transaction ID: 47683-71247500181198
City Virginia Beach	State Zip Code VA 23454-1843	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Roger Vithalani</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 516 Chesapeake Pl		Transaction ID: 81580-20951479673365
City Greenville	State Zip Code NC 27658-0678	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Terry Wallace</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 6725 Cristina Court		Transaction ID: 81580-06361025571823
City Charlotte	State Zip Code NC 28270-5414	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>222.86</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 43 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. William Way</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 7713 Oakmont Place		Transaction ID: 81580-93658083677292
City Raleigh	State NC	Zip Code 27615-5492
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Kerry Weirich</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 115 Fire Wood Drive		Transaction ID: 81580-10601443052291
City Garner	State NC	Zip Code 27529-7807
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Wake Radiology Consultants	Occupation Diagnostic Radiologist	M/C - Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. David Weiss</b>		Date of Receipt M / D / Y 11 / 12 / 2005
Mailing Address 23 Saint Andrews Drive		Transaction ID: 15968-32070559263229
City Little Rock	State AR	Zip Code 72212-2508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Consultants	Occupation Diagnostic Radiologist	M/C - Quarterly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>340.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 54

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Marshall Weissberger</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 915 Magnolia Avenue		Transaction ID: 47663-70472353696823
City Norfolk	State Zip Code VA 23508-1408	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	714.30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. John Whitbeck</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 404B Olde Town Trail		Transaction ID: 47663-53638857603073
City Virginia Beach	State Zip Code VA 23455-6407	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 196.43
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	607.15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Randall Winn</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 63 Downing Drive		Transaction ID: 40078-10377138853073
City Wyomissing	State Zip Code PA 19610-5111	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer West Reading Radiology Assoc	Occupation Diagnostic Radiologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Visa

SUBTOTAL of Receipts This Page (optional) ..... ▶ **589.29**

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

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

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

FOR LINE NUMBER: PAGE 45 / 54

(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

Full Name (Last, First, Middle Initial) <b>A. Joel Wissing</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 801 Hermitage Court		Transaction ID: 81580-06025332212448
City Charlotte	State NC	Zip Code 28207-1415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Woolfit</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1017 Graydon Avenue		Transaction ID: 47663-02079409360885
City Norfolk	State VA	Zip Code 23507-1209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.86
Name of Employer Medical Center Radiologis- ts, I	Occupation Diagnostic Radiologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

Full Name (Last, First, Middle Initial) <b>C. Andrew Wu</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 8729 Valentine Court		Transaction ID: 81580-88949099302292
City Raleigh	State NC	Zip Code 27615-5830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	Visa - Monthly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>222.86</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 54  
(check only one)

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

Full Name (Last, First, Middle Initial) A. Mark Yuhasz		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 3203 Horsehead Bay Drive Northwest		Transaction ID: 15749-11272829771041
City State Zip Code Gig Harbor WA 98335-5854	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Tacoma Radiology Associates	Occupation Diagnostic Radiologist	Visa - Semi-Annual
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	16053.55

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

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

FOR LINE NUMBER: PAGE 47 / 54

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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	
Full Name (Last, First, Middle Initial) A. Vanguard	Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 13750	Transaction ID: 02319-02949160337448
City State Zip Code Philadelphia PA 19101-0887	Amount of Each Receipt this Period 503.87
FEC ID number of contributing federal political committee. C	Interest
Name of Employer Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4045.87

SUBTOTAL of Receipts This Page (optional) .....	▶	503.87
TOTAL This Period (last page this line number only) .....	▶	503.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23201-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 10803-80918825864792

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

416.57

SUBTOTAL of Disbursements This Page (optional) ▶

416.57

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

416.57



**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 49 / 54

<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

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

Full Name (Last, First, Middle Initial)  
A. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name  
Anna Eshoo

Office Sought:  House  
Senate  
President

State: CA District: 14

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-5689824481010  
Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-3580861883354  
Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
C. Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement  
Contribution

Candidate Name  
Bobby Jindal

Office Sought:  House  
Senate  
President

State: LA District: 01

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-281949959526  
Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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 50 / 54

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

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

Full Name (Last, First, Middle Initial)

A. Engel for Congress

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
Contribution

Candidate Name  
Eliot Engel

Office Sought:  House  
Senate  
President  
State: NY District: 17

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-6375177264213

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Harvest Pac

Mailing Address 236 Massachusetts Avenue NE #508

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 55906-8247491717338

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St PO Box 712

City State Zip Code  
Mantichella IN 47960

Purpose of Disbursement  
Contribution

Candidate Name  
Stephen Buyer

Office Sought:  House  
Senate  
President  
State: IN District: 04

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-9341791033744

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 51 / 54

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American College of Radiology Association

Full Name (Last, First, Middle Initial)  
A. John D. Dingell for Congress Committee

Transaction ID: 45403-8671411395073  
Date of Disbursement

11 / 09 / 2005

Mailing Address 607 14th Street Northwest  
Suite 800

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20005

1000.00

Purpose of Disbursement  
Contribution

Candidate Name  
John Dingell

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: MI District: 15

Full Name (Last, First, Middle Initial)  
B. John Sullivan for Congress Inc

Transaction ID: 45403-0378381608916  
Date of Disbursement

11 / 02 / 2005

Mailing Address Post Office Box 470840

Amount of Each Disbursement this Period

City Tulsa State OK Zip Code 74147

1000.00

Purpose of Disbursement  
Contribution

Candidate Name  
John Sullivan

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: OK District: D1

Full Name (Last, First, Middle Initial)  
C. Jon Kyl for U S Senate

Transaction ID: 03734-1869275164604  
Date of Disbursement

11 / 04 / 2005

Mailing Address PO Box 10248

Amount of Each Disbursement this Period

City Phoenix State AZ Zip Code 85064

5000.00

Purpose of Disbursement  
Contribution

Candidate Name  
Jon Kyl

Category/  
Type

Office Sought: House  
 Senate  
President

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

State: AZ District:

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 52 / 54

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

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

Full Name (Last, First, Middle Initial)

**A.** Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue NW Ste. 110

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 47863-141D4861D2104

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Mike Thompson for Congress

Mailing Address 5428 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Mike Thompson

Category/  
Type

Office Sought:  House Senate President  
Disbursement For: 2006  
 Primary General Other (specify) ▼

State: CA District D1

Transaction ID: 23781-911D528826713

Date of Disbursement

11 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Nathan Deal for Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 32603

Purpose of Disbursement  
Contribution

Candidate Name  
Nathan Deal

Category/  
Type

Office Sought:  House Senate President  
Disbursement For: 2006  
Primary  General Other (specify) ▼

State: GA District 10

Transaction ID: 23842-0053827168557

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 54

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

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

Full Name (Last, First, Middle Initial)  
A. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contribution

Candidate Name  
Richard Burr

Office Sought: House  
 Senate  
President  
State: NC District

Disbursement For: 2010  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-8001387449760  
Date of Disbursement  
11 / 15 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
B. Sue Kelly for Congress

Mailing Address PO Box 599

City Katonah State NY Zip Code 10536

Purpose of Disbursement  
Contribution

Candidate Name  
Sue Kelly

Office Sought:  House  
Senate  
President  
State: NY District 19

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 58707-9031335711479  
Date of Disbursement  
11 / 10 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
C. Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Contribution

Candidate Name  
Sue Myrick

Office Sought:  House  
Senate  
President  
State: NC District 09

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 23842-2884900164604  
Date of Disbursement  
11 / 01 / 2005

Amount of Each Disbursement this Period  
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 54 / 54

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

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

Full Name (Last, First, Middle Initial)  
A. Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Contribution

Candidate Name  
Sue Myrick

Office Sought:  House  
Senate  
President  
State: NC District: D9

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-7090722918510  
Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Volunteers for Shimkus

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Contribution

Candidate Name  
John Shimkus

Office Sought:  House  
Senate  
President  
State: IL District: 19

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 45403-2539941688510  
Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Wally Herger for Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Contribution

Candidate Name  
Wally Herger

Office Sought:  House  
Senate  
President  
State: CA District: 02

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 58707-9081628680229  
Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

26000.00