

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Radiology Association Political Action Committee

ADDRESS (number and street) 1891 Preston White Drive
 Check if different than previously reported. (ACC)
Reston VA 20191

2. **FEC IDENTIFICATION NUMBER** C00343459
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DR William Herrington

Signature of Treasurer Electronically Filed by DR William Herrington Date 09 17 2010

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
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| 2 | 0 | 1 | 0 |

 To:

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| M | M |
| 0 | 8 |

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|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 532260.11 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 701904.64 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 57944.83 | 810514.35 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 759849.47 | 1342774.46 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 69372.18 | 652297.17 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 690477.29 | 690477.29 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 55343.74 | 710119.76 |
| (ii) Unitemized | 2585.37 | 92841.95 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 57929.11 | 802961.71 |
| (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) | 57929.11 | 802961.71 |
| 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 | 7500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 15.72 | 52.64 |
| 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)) | 57944.83 | 810514.35 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 57944.83 | 810514.35 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 194.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 194.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 69000.00 | 648500.00 |
| 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..... | 372.18 | 3603.17 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 69372.18 | 652297.17 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 69372.18 | 652297.17 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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 | 57929.11 | 802961.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 57929.11 | 802961.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 194.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 194.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City Washington State DC Zip Code 20010-2975

FEC ID number of contributing federal political committee. C

Name of Employer Center Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36072938

Amount of Each Receipt this Period 45.00

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

Mailing Address 5203 Rio Vista Ln

City Knoxville State TN Zip Code 37919-8988

FEC ID number of contributing federal political committee. C

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36072939

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheri Armstrong

Mailing Address 4355 E Waiola Loop

City Kihei State HI Zip Code 96753-8499

FEC ID number of contributing federal political committee. C

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.04

Date of Receipt 08 / 05 / 2010

Transaction ID: 36072940

Amount of Each Receipt this Period 100.02

SUBTOTAL of Receipts This Page (optional) 270.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brent Barrow

Mailing Address Cleveland Community Hosp
2800 Westside Dr NW

City Cleveland State TN Zip Code 37312-3501

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072942
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Dr. Sam Bilyeu

Mailing Address 1315 County Rd 415

City Killen State AL Zip Code 35645-7744

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072945
Amount of Each Receipt this Period 124.98

C. Full Name (Last, First, Middle Initial)
Dr. Hugh DeLozier

Mailing Address 8936 Hemingway Grove Cir

City Knoxville State TN Zip Code 37922-8087

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072947
Amount of Each Receipt this Period 124.98

SUBTOTAL of Receipts This Page (optional) ► 374.96

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 92
(check only one)

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

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

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

Mailing Address 117 Amanda Pl

City State Zip Code
Oak Ridge TN 37830-7814

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072948

Amount of Each Receipt this Period
124.98

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

Mailing Address 630 Cherokee Blvd

City State Zip Code
Knoxville TN 37919-6616

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 239.14

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072949

Amount of Each Receipt this Period
130.44

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

Mailing Address Vista Radiology
2001 Laurel Ave Ste 304

City State Zip Code
Knoxville TN 37916-1834

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

Name of Employer Occupation
Vista Radiology Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072952

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **380.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Daryl Harp

Mailing Address 3911 Jackson Bend Dr

City State Zip Code
Louisville TN 37777-3789

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt

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Transaction ID: 36072953

Amount of Each Receipt this Period
124.98

B.

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

Mailing Address 412 Kittredge Ct

City State Zip Code
Knoxville TN 37922-2430

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt

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| 0 | 8 | / | 0 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36072954

Amount of Each Receipt this Period
124.98

C.

Full Name (Last, First, Middle Initial)
Dr. Glenn Jung

Mailing Address 3636 Captains Way

City State Zip Code
Knoxville TN 37922-9411

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 36072955

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) 374.96

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Monica Kessi

Mailing Address Vista Radiology
2001 Laurel Ave Ste N304

City Knoxville State TN Zip Code 37916-1810

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072956
Amount of Each Receipt this Period 124.98

B. Full Name (Last, First, Middle Initial)
Dr. Philip Manzanero

Mailing Address 88 Piikoi St Apt 2807

City Honolulu State HI Zip Code 96814-4281

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072957
Amount of Each Receipt this Period 124.98

C. Full Name (Last, First, Middle Initial)
Dr. Charles L. McCall

Mailing Address 17 Deepwood Dr

City Jackson State TN Zip Code 38305-9678

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

Name of Employer Vista Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 08 / 05 / 2010
Transaction ID: 36072958
Amount of Each Receipt this Period 83.32

SUBTOTAL of Receipts This Page (optional) ► 333.28

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 92

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Frederick McLean

Mailing Address 12 Palisades Pky

City State Zip Code
Oak Ridge TN 37830-7200

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt

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

Transaction ID: 36072959

Amount of Each Receipt this Period

124.98

B.

Full Name (Last, First, Middle Initial)
Dr. Clifford Meservy

Mailing Address 1412 Kensington Drive

City State Zip Code
Knoxville TN 37922-6038

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 36072960

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Hejung Press

Mailing Address 12906 Long Ridge Rd

City State Zip Code
Knoxville TN 37934-7419

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt

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0 8 / 0 5 / 2 0 1 0

Transaction ID: 36072961

Amount of Each Receipt this Period

124.98

SUBTOTAL of Receipts This Page (optional)

374.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sidney Roberts, III

Mailing Address 2408 Houser Rd

City State Zip Code
Knoxville TN 37919-9324

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

Name of Employer Occupation
Vista Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072963

Amount of Each Receipt this Period
124.98

B.

Full Name (Last, First, Middle Initial)
Dr. Gayle Roulier

Mailing Address Vista Radiology
2001 Laurel Ave Ste 304

City State Zip Code
Knoxville TN 37916-1834

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072964

Amount of Each Receipt this Period
124.98

C.

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

Mailing Address 603 Rumblewood Ln

City State Zip Code
Seymour TN 37865-5564

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072965

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **374.96**

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

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

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

FOR LINE NUMBER: PAGE 13 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1837 Regents Park Rd

City State Zip Code
Knoxville TN 37922-8581

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072967

Amount of Each Receipt this Period
124.98

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

Mailing Address 1500 Halesworth Ln

City State Zip Code
Knoxville TN 37922-8561

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072969

Amount of Each Receipt this Period
124.98

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

Mailing Address 3861 Dellwood Dr

City State Zip Code
Knoxville TN 37919-6634

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072970

Amount of Each Receipt this Period
124.98

SUBTOTAL of Receipts This Page (optional) ► **374.94**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 92
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Dr. Donovan Yamada

Mailing Address 3057 Twisted Twig Ln

City State Zip Code
Apison TN 37302-7574

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

Name of Employer Occupation
Vista Radiology, P.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36072971

Amount of Each Receipt this Period
124.98

B.

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

Mailing Address 1523 Cougar Ln

City State Zip Code
Sartell MN 56377-2452

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36073009

Amount of Each Receipt this Period
333.34

C.

Full Name (Last, First, Middle Initial)
Dr. Bryan Brindley

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Occupation
Regional Diagnostic Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36073010

Amount of Each Receipt this Period
333.34

SUBTOTAL of Receipts This Page (optional) ► **791.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 92
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bonnie Fines

Mailing Address 1135 Mill Creek Cir

City State Zip Code
Saint Cloud MN 56303-9561

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 08 / 05 / 2010

Transaction ID: 36073011

Amount of Each Receipt this Period: 333.34

B.

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

Mailing Address 8851 116th St

City State Zip Code
Clear Lake MN 55319-9625

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 05 / 2010

Transaction ID: 36073012

Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
Dr. Danielle Leighton

Mailing Address St Cloud Hospital
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 08 / 05 / 2010

Transaction ID: 36073013

Amount of Each Receipt this Period: 333.34

SUBTOTAL of Receipts This Page (optional) ► **1066.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 92
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Hoang Nguyen

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Regional Diagnostic Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36073016

Amount of Each Receipt this Period
333.34

B.

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

Mailing Address 817 Ridgewood Ct

City State Zip Code
Sartell MN 56377-2272

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36073017

Amount of Each Receipt this Period
333.34

C.

Full Name (Last, First, Middle Initial)
Dr. Rochelle Wolfe

Mailing Address 3927 Pine Point Rd

City State Zip Code
Sartell MN 56377-9730

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36073018

Amount of Each Receipt this Period
333.34

SUBTOTAL of Receipts This Page (optional) ► **1000.02**

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

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

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 92 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

| | | | | | |
|---|---|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Joshua Lucas | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 1406 6th Ave N | | Transaction ID: 36073019 | | |
| | City Saint Cloud | State MN | Zip Code 56303-1900 | Amount of Each Receipt this Period 360.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Regional Diagnostic Radiology | | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 360.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Derik Weldon | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 3360 Old Stone Way NE | | Transaction ID: 36073020 | | |
| | City Sauk Rapids | State MN | Zip Code 56379-4569 | Amount of Each Receipt this Period 336.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Regional Diagnostic Radiology | | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 336.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. David R. Moon | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 6200 County Rd 120 Apt 319 | | Transaction ID: 36073026 | | |
| | City Saint Cloud | State MN | Zip Code 56303-1294 | Amount of Each Receipt this Period 320.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Regional Diagnostic Radiology | | Occupation Diagnostic Radiologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 320.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1016.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 18 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

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

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

Date of Receipt

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

Transaction ID: 36208300

Amount of Each Receipt this Period
40.00

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

Mailing Address 527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: 36208301

Amount of Each Receipt this Period
200.00

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

Mailing Address 710 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: 36208302

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3943 Indian Springs Rd

City State Zip Code
Panama City FL 32404-5794

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208303

Amount of Each Receipt this Period
200.00

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

Mailing Address 706 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208304

Amount of Each Receipt this Period
200.00

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

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208305

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 92
(check only one)

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

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

A.

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

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208306

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code
Panama City FL 32401-3958

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208307

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 1016 Sunset Ln

City State Zip Code
Lynn Haven FL 32444-3455

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 36208308

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 92
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City Panama City State FL Zip Code 32401-3979

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 36208309
 Amount of Each Receipt this Period 200.00

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

Mailing Address 19 Brittany Woods

City Charleston State WV Zip Code 25314-1501

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

Name of Employer Kanawha Valley Radiologists, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 36331460
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 2408 Skyline Pt

City Jonesboro State AR Zip Code 72404-8079

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

Name of Employer Associated Radiologist Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 36331461
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 10191

City State Zip Code
Iowa City IA 52240-0004

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

Name of Employer Radiologic Medical Services, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36331462

Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas Beall

Mailing Address 610 NW 14th St

City State Zip Code
Oklahoma City OK 73103-2210

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

Name of Employer University of Oklahoma Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36331519

Amount of Each Receipt this Period 1500.00

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

Mailing Address 807 Summit Ave

City State Zip Code
Saint Paul MN 55105-3355

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

Name of Employer St. Paul Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
08 / 15 / 2010

Transaction ID: 36341099

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Raymond Thomas

Mailing Address Florence Radiological
515 Rosewood Drive

City State Zip Code
Florence SC 29501-5455

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

Name of Employer Florence Radiological Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36341100

Amount of Each Receipt this Period
250.00

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

Mailing Address 4870 W Pinewild Rd

City State Zip Code
Reno NV 89511-2779

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

Name of Employer Holy Cross Hospital
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: 36341103

Amount of Each Receipt this Period
250.00

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

Mailing Address 136 Highview Rd

City State Zip Code
Stephenson VA 22656-2105

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

Name of Employer Winchester Medical Center
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: 36341104

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City Iowa City State IA Zip Code 52246-8716

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

Name of Employer Radiologic Medical Services, Coralvill Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 36341105

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address Reading Hospital & Med Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

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

Name of Employer West Reading Radiology Assoc Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 36341106

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Raymond Tu

Mailing Address 1539 27th St NW

City Washington State DC Zip Code 20007-3030

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

Name of Employer Progressive Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 36341108

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Bill Warren | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address UWMC Box 357115 | | Transaction ID: 36341109 |
| City Seattle | State WA | Zip Code 98195-7115 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer University of Washington | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Bradford Richmond | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave | | Transaction ID: 36341112 |
| City Cleveland | State OH | Zip Code 44195-5021 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Cleveland Clinic Foundati- on | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Eric Tocci | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address 437 Triton Road | | Transaction ID: 36341113 |
| City Ormond Beach | State FL | Zip Code 32176-5459 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Radiology Associates of Daytona Beach | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 340.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Scott Klioze | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address 7 Cypress Hollow Ln | | Transaction ID: 36341114 |
| City Ormond Beach | State FL | Zip Code 32174-3047 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Radiology Associates of Daytona Beach | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Robert Newman | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address 913 Southview PI NE | | Transaction ID: 36341115 |
| City Lenoir | State NC | Zip Code 28645-3755 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Lenoir Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Andrew Beloni | | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| Mailing Address 5624 Laurium Rd | | Transaction ID: 36341116 |
| City Charlotte | State NC | Zip Code 28226-5610 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 45.00 |
| Name of Employer Charlotte Radiology | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 195.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 92

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ira Adler

Mailing Address 879 Lexington Dr

City State Zip Code
Greenville NC 27834-0549

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: 36341145

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 272 Harrison Rd

City State Zip Code
Turtle Creek PA 15145-1042

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

Name of Employer Occupation
Greensburg X-Ray Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.36

Date of Receipt

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

Transaction ID: 36341146

Amount of Each Receipt this Period
30.42

C.

Full Name (Last, First, Middle Initial)
Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City State Zip Code
Warren MI 48093-3494

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

Name of Employer Occupation
Diagnostic Radiology Consultants, PC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.02

Date of Receipt

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

Transaction ID: 36341148

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ▶

153.76

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

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

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

FOR LINE NUMBER: PAGE 28 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2152

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

Name of Employer Rad Assoc of Birmingham PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 15 / 2010
Transaction ID: 36341149
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City Stevensville State MI Zip Code 49127-9376

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

Name of Employer Radiology Associates of Berrie Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 15 / 2010
Transaction ID: 36341150
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City Dallas State TX Zip Code 75254-8613

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

Name of Employer Southwest Imaging & Intervention specialis Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 15 / 2010
Transaction ID: 36341203
Amount of Each Receipt this Period 208.34

SUBTOTAL of Receipts This Page (optional) ► 350.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 92
(check only one)

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

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

A.

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

Mailing Address 27 Hillwood Rd

City State Zip Code
Mobile AL 36608-2311

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

Name of Employer
Radiology Associates of Mobile
Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.25

Date of Receipt
MM / DD / YYYY
08 / 15 / 2010

Transaction ID: 36341206

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 7418 Ridgecrest Court Rd

City State Zip Code
Birmingham AL 35242-0525

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt
MM / DD / YYYY
08 / 15 / 2010

Transaction ID: 36341207

Amount of Each Receipt this Period
83.34

C.

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

Mailing Address 2466 Oak Bend PI

City State Zip Code
Newburgh IN 47630-8053

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

Name of Employer
Medical Center of Delaware
Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2010

Transaction ID: 36341305

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **185.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 92 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Paul Lampert | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 2240 S Elks Ln Unit 55 | Transaction ID: 36341307 |
| | City State Zip Code Yuma AZ 85364-6284 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MDIG Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Daniel Cohen | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 1480 Brookfield Road | Transaction ID: 36341309 |
| | City State Zip Code Yardley PA 19067-3930 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Radiology Affiliates of Central New Je Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Raja Cheruvu | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 165 Via Foresta Ln | Transaction ID: 36341310 |
| | City State Zip Code Williamsville NY 14221-1984 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 215.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. John Renz | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 1 0 |
| Mailing Address Mobile Infirmary Medical Center PO Box 2144 | | Transaction ID: 36341403 |
| City Mobile | State AL | |
| Zip Code 36652-2144 | | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Mobile Infirmary Medical Center | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Raymond A. Armstrong | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 1 0 |
| Mailing Address Radiology of Huntsville 2006 Franklin St SE Ste 200 | | Transaction ID: 36341404 |
| City Huntsville | State AL | |
| Zip Code 35801-4537 | | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Baptist Medical Ctr-Montclair | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 1 0 |
| Mailing Address 52 Harwich Rd | | Transaction ID: 36341405 |
| City Chestnut Hill | State MA | |
| Zip Code 02467-3023 | | Amount of Each Receipt this Period 41.67 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Deaconess Hospital | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.36 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 191.67 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 92 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. William Deeter, III | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 14 Ryedale Ct | Transaction ID: 36341410 |
| | City State Zip Code Greenville SC 29615-6037 | Amount of Each Receipt this Period 41.67 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Greenville Radiology | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.36 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. James Hiken | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 7109 Cove Pointe PI | Transaction ID: 36341411 |
| | City State Zip Code Prospect KY 40059-9680 | Amount of Each Receipt this Period 42.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Diag. Imaging Alliance of Louisville | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 336.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Timothy Crummy | Date of Receipt MM / DD / YYYY 08 / 15 / 2010 |
| | Mailing Address 2509 Middleton Beach Rd | Transaction ID: 36341415 |
| | City State Zip Code Middleton WI 53562-2912 | Amount of Each Receipt this Period 30.42 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Madison Radiologists | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 443.36 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 114.09 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 92

(check only one)

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

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

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Kevin Smith Mailing Address Regional Diagnostic Radiology 1406 6th Ave N City State Zip Code Saint Cloud MN 56303-1900 FEC ID number of contributing federal political committee. C Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2010 Transaction ID: 36341416 Amount of Each Receipt this Period 208.34 Aggregate Year-to-Date ▼ 1666.72 |
| B. | Full Name (Last, First, Middle Initial) Dr. Raul de la Vega, III Mailing Address 2936 Grampian Dr City State Zip Code Gastonia NC 28054-6402 FEC ID number of contributing federal political committee. C Name of Employer Shelby Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2010 Transaction ID: 36341417 Amount of Each Receipt this Period 45.00 Aggregate Year-to-Date ▼ 360.00 |
| C. | Full Name (Last, First, Middle Initial) Dr. Rita S. Patel Mailing Address 3 Ware Rd City State Zip Code Upper Saddle River NJ 07458-1919 FEC ID number of contributing federal political committee. C Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2010 Transaction ID: 36341425 Amount of Each Receipt this Period 30.00 Aggregate Year-to-Date ▼ 480.00 |

SUBTOTAL of Receipts This Page (optional) ▶

283.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 92
(check only one)

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

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

A.

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

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341426
Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 509 48th Ave Apt 2A

City Long Island City State NY Zip Code 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341427
Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 440 E 62nd St Apt 18F

City New York State NY Zip Code 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341428
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 92
(check only one)

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

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

A.

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

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 36341429

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 36341430

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 36341431

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 92
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341432

Amount of Each Receipt this Period
30.00

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

Mailing Address 35 Annfield Ct

City State Zip Code
Staten Island NY 10304-1301

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341433

Amount of Each Receipt this Period
30.00

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

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341434

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341435

Amount of Each Receipt this Period 30.00

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341436

Amount of Each Receipt this Period 30.00

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 36341437

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 92
(check only one)

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

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

A.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341438

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341439

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341441

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **68.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 39 / 92 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Robert Krugman | | Date of Receipt |
| | Mailing Address 10 Lexington Ct | | <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Englewood | NJ | 07631-3081 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Hackensack Radiology Group | | Occupation Diagnostic Radiologist | Transaction ID: 36341442 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="307.68"/> | <input type="text" value="19.23"/> |

| | | | |
|---|--|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Gail Starr | | Date of Receipt |
| | Mailing Address Hackensack Univ Med Ctr 20 Prospect Ave Ste 513 | | <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Hackensack | NJ | 07601-1962 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Hackensack Radiology Group | | Occupation Diagnostic Radiologist | Transaction ID: 36341443 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="307.68"/> | <input type="text" value="19.23"/> |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Gregory Nicola | | Date of Receipt |
| | Mailing Address 101 W End Ave Apt 16H | | <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | New York | NY | 10023-6337 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Hackensack Radiology Group | | Occupation Diagnostic Radiologist | Transaction ID: 36341444 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="307.68"/> | <input type="text" value="19.23"/> |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="57.69"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 40 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341445

Amount of Each Receipt this Period
19.23

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341447

Amount of Each Receipt this Period
19.23

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

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341448

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 92
(check only one)

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

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

A.

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

Mailing Address 140 Chestnut St

City State Zip Code
Englewood NJ 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341449

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341450

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Larry Anderson

Mailing Address 3822 Colby Ave

City State Zip Code
Everett WA 98201-4913

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

Name of Employer Radia, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341451

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **138.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 92 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Alan D. Chan | | Date of Receipt |
| | Mailing Address 18875 164th AVE NE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2010 |
| | City | State | Zip Code |
| | Woodinville | WA | 98072-6405 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 36341453 |
| Name of Employer Radia, Inc. | | Occupation Diagnostic Radiologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 128.00 |
| | | <input type="text"/> 736.00 | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Joseph DeMartini | | Date of Receipt |
| | Mailing Address PO Box 85398 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2010 |
| | City | State | Zip Code |
| | Seattle | WA | 98145-1398 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 36341454 |
| Name of Employer Radia, Inc. | | Occupation Diagnostic Radiologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 350.00 |
| | | <input type="text"/> 1300.00 | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Virginia Eschbach | | Date of Receipt |
| | Mailing Address 2410 141St PI SE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2010 |
| | City | State | Zip Code |
| | Mill Creek | WA | 98012-1336 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 36341455 |
| Name of Employer Radia, Inc. | | Occupation Diagnostic Radiologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 210.00 |
| | | <input type="text"/> 780.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 688.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 43 / 92

(check only one)

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

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

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

| | | | | | |
|---|--|--------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Ben Harmon | | Date of Receipt MM / DD / YYYY 08 / 16 / 2010 | | |
| | Mailing Address Radia Medical Imaging 728 134th St SW Ste 120 | | Transaction ID: 36341457 | | |
| | City Everett | State WA | Zip Code 98204-5322 | Amount of Each Receipt this Period 318.15 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Radia, Inc. | Occupation Diagnostic Radiologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1181.70 | | | |

| | | | | | |
|---|---|--------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Robert Hawkins | | Date of Receipt MM / DD / YYYY 08 / 16 / 2010 | | |
| | Mailing Address 7856 Scatchet Head Rd | | Transaction ID: 36341458 | | |
| | City Clinton | State WA | Zip Code 98236-9768 | Amount of Each Receipt this Period 350.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Radia, Inc. | Occupation Diagnostic Radiologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1300.00 | | | |

| | | | | | |
|---|---|--------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. David Marlow | | Date of Receipt MM / DD / YYYY 08 / 16 / 2010 | | |
| | Mailing Address 7821 115th PI NE | | Transaction ID: 36341459 | | |
| | City Kirkland | State WA | Zip Code 98033-6710 | Amount of Each Receipt this Period 280.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Radia, Inc. | Occupation Diagnostic Radiologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1040.00 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 948.15 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 92
(check only one)

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

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

A.

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

Mailing Address 907 14th Ave E

City State Zip Code
Seattle WA 98112-3903

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341460

Amount of Each Receipt this Period
280.00

B.

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

Mailing Address 10501 NE 114th Ln

City State Zip Code
Kirkland WA 98033-4426

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1212.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341461

Amount of Each Receipt this Period
273.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mohammed Quraishi

Mailing Address 534 13th Ave W

City State Zip Code
Kirkland WA 98033-4831

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 36341462

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 903.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 92

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt

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

Transaction ID: 36389184

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Medical Center
1900 South Ave C02-002

City State Zip Code
La Crosse WI 54601-5467

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

Name of Employer Occupation
Gundersen Lutheran Clinic Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 666.72

Date of Receipt

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

Transaction ID: 36389185

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Burch

Mailing Address 38 Huntington Rd SW

City State Zip Code
Rome GA 30165-8554

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

Name of Employer Occupation
Rome Radiology Group, P.A. Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 36389186

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

623.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 92
(check only one)

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

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. George Howard, III | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address Onslow Radiology 299 Doctors Dr | | Transaction ID: 36521571 |
| City Jacksonville | State NC | |
| Zip Code 28546-6321 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 |
| Name of Employer Onslow Radiology Center | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. David Plone | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 10243 N 99th St | | Transaction ID: 36521572 |
| City Scottsdale | State AZ | |
| Zip Code 85258-4713 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 1000.00 |
| Name of Employer Medical Diagnostic Imaging Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Peter Kratka | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 145 W 79th St Apt 9C | | Transaction ID: 36521574 |
| City New York | State NY | |
| Zip Code 10024-6411 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 |
| Name of Employer Advanced Radiological Imaging | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jay Tartell

Mailing Address 89-40 56th Ave

City Elmhurst State NY Zip Code 11373-4933

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

Name of Employer: Advanced Radiological Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521575
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Craig Youner

Mailing Address 144 Woodhill Ln

City Manhasset State NY Zip Code 11030-1717

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

Name of Employer: Advanced Radiological Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521576
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 9 Blue Jay Ln

City Saint Paul State MN Zip Code 55127-2013

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

Name of Employer: Suburban Radiologic Consultants, Ltd.
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521580
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. David Asinger | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 11330 Parkside Trl | | Transaction ID: 36521581 |
| City Maple Grove | State MN | Zip Code 55369-9422 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Steven Begich | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108 | | Transaction ID: 36521582 |
| City Minneapolis | State MN | Zip Code 55437-1191 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Rad Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Curt Behrns | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 17668 63rd PI N | | Transaction ID: 36521583 |
| City Osseo | State MN | Zip Code 55311-4648 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Torrey Bergman

Mailing Address 2640 Joppa Ave S

City State Zip Code
Saint Louis Park MN 55416-3932

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521584

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Aaron Binstock

Mailing Address 17233 74th PI N

City State Zip Code
Maple Grove MN 55311-2733

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521586

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2465 Crowne Hill Road

City State Zip Code
Minnetonka MN 55305-2258

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521587

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 50 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7020 Kerry Rd

City Edina State MN Zip Code 55439-1746

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

Name of Employer Suburban Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521588
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bradley Close

Mailing Address 1214 Wildhurst Trail

City Mound State MN Zip Code 55364-9643

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521589
Amount of Each Receipt this Period 500.00

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

Mailing Address 11256 Jersey Ave N

City Champlin State MN Zip Code 55316-3367

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521590
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Sue Crook | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108 | | Transaction ID: 36521593 |
| City Minneapolis | State MN | Zip Code 55437-1191 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Daniel Eurman | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108 | | Transaction ID: 36521594 |
| City Minneapolis | State MN | Zip Code 55437-1191 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Mary Foshager | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 4248 Queen Ave S | | Transaction ID: 36521595 |
| City Minneapolis | State MN | Zip Code 55410-1614 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Frerichs

Mailing Address 685 Shadyview Ln N

City State Zip Code
Minneapolis MN 55447-3675

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 1 0

Transaction ID: 36521596

Amount of Each Receipt this Period
500.00

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

Mailing Address 8803 Cove Pointe Rd

City State Zip Code
Eden Prairie MN 55347-2429

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 1 0

Transaction ID: 36521597

Amount of Each Receipt this Period
500.00

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

Mailing Address 2583 Tournament Players Cir S

City State Zip Code
Blaine MN 55449-5500

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 1 0

Transaction ID: 36521599

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 92
(check only one)

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

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

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

Mailing Address 11362 Parkside Trl

City State Zip Code
Maple Grove MN 55369-9422

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521600
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lanning Houston

Mailing Address 18 N Deep Lake Rd

City State Zip Code
Saint Paul MN 55127-6506

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521601
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Hunt

Mailing Address 7005 Oak Ridge Rd

City State Zip Code
Corcoran MN 55340-9388

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 36521602
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 92

(check only one)

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

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

| | | | | | |
|---|---|--------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. David Jose | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 | | |
| | Mailing Address 14 Larkspur Ln | | Transaction ID: 36521603 | | |
| | City North Oaks | State MN | Zip Code 55127-2006 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|--|--------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Patrick Juenemann | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 | | |
| | Mailing Address 10976 Mississppi Dr | | Transaction ID: 36521604 | | |
| | City Champlin | State MN | Zip Code 55316-3504 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | Aggregate Year-to-Date 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. Todd Kihne | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 | | |
| | Mailing Address 11683 Welters Way | | Transaction ID: 36521605 | | |
| | City Eden Prairie | State MN | Zip Code 55347-2836 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 92
(check only one)

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

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Kenneth Korte | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 12613 Riverview Rd | | Transaction ID: 36521606 |
| City Eden Prairie | State MN | Zip Code 55347-4610 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Gary Kosel | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 15 Meadowlark Ln | | Transaction ID: 36521607 |
| City Saint Paul | State MN | Zip Code 55127-2080 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Suburban Radiologic Consultants, Ltd. | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Bradley Kranendonk | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 5170 Kelsey Ter | | Transaction ID: 36521608 |
| City Edina | State MN | Zip Code 55436-1173 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Alan Laorr | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 15547 Sweetwater Cir | | Transaction ID: 36521609 |
| City Eden Prairie | State MN | Zip Code 55347-2430 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Lorraine LaRoy | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 2701 Crescent Ridge Rd | | Transaction ID: 36521610 |
| City Minnetonka | State MN | Zip Code 55305-2809 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Kevin Leach | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 6 High Point Rd | | Transaction ID: 36521611 |
| City Dellwood | State MN | Zip Code 55110-6176 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 57 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3547 Humboldt Ave S

City State Zip Code
Minneapolis MN 55408-3317

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521612

Amount of Each Receipt this Period
500.00

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

Mailing Address 10303 Bucks Way

City State Zip Code
Eden Prairie MN 55347-5018

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521613

Amount of Each Receipt this Period
500.00

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

Mailing Address Suburban Radiologic Consultants
4801 W 81st St Ste 108

City State Zip Code
Minneapolis MN 55437-1191

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521614

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 92
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Meghan McKeon

Mailing Address 7005 Oak Ridge Rd

City State Zip Code
Corcoran MN 55340-9388

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521615

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Suzanne Moffit

Mailing Address 10906 Tanglewood Ln N

City State Zip Code
Champlin MN 55316-3056

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521616

Amount of Each Receipt this Period
500.00

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

Mailing Address 2751 104th Ct NE

City State Zip Code
Blaine MN 55449-5055

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521617

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. John Olsen | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 4720 Medina Lake Dr | | Transaction ID: 36521618 |
| City Medina | State MN | Zip Code 55340-4609 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Chris Palaskas | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 2389 Cherrywood Rd | | Transaction ID: 36521619 |
| City Minnetonka | State MN | Zip Code 55305-2314 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Gregory Phelan | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 3944 Joppa Ave S | | Transaction ID: 36521620 |
| City Saint Louis Park | State MN | Zip Code 55416-5064 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Suburban Radiologic Consultants | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 92

(check only one)

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

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

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Matthew Schaar Mailing Address 2841 Aspen Lake Dr NE City State Zip Code Blaine MN 55449-3100 FEC ID number of contributing federal political committee. C Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 1 0 Transaction ID: 36521621 Amount of Each Receipt this Period 300.00 |
| B. | Full Name (Last, First, Middle Initial) Dr. Nihar Shah Mailing Address 2460 Thoroughbred Ln City State Zip Code Orono MN 55356-9460 FEC ID number of contributing federal political committee. C Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 1 0 Transaction ID: 36521622 Amount of Each Receipt this Period 500.00 |
| C. | Full Name (Last, First, Middle Initial) Dr. Shannon Sheedy Mailing Address 19755 Waterford PI City State Zip Code Excelsior MN 55331-7014 FEC ID number of contributing federal political committee. C Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 1 0 Transaction ID: 36521623 Amount of Each Receipt this Period 500.00 |

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Fareed Siddiqui

Mailing Address 1920 S 1st St Apt 1202

City State Zip Code
Minneapolis MN 55454-1199

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521625

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. H Spaeth, JR

Mailing Address 6881 Beach Rd

City State Zip Code
Eden Prairie MN 55344-5228

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521626

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kendall Strand

Mailing Address 8581 Tigua Ln

City State Zip Code
Chanhassen MN 55317-9615

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 36521627

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 92
(check only one)

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

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

A.

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

Mailing Address 2250 Veterans Memorial Blvd NW

City State Zip Code
Andover MN 55304-6067

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521628

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 909 W Washington Blvd Apt 402

City State Zip Code
Chicago IL 60607-2232

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

Name of Employer Suburban Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521629

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 7001 Tupa Dr

City State Zip Code
Edina MN 55439-1643

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521637

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 92
(check only one)

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

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

A.

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

Mailing Address 2715 Countryside Dr W

City Orono State MN Zip Code 55356-9675

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521638
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 4706 Sunnyside Rd

City Minneapolis State MN Zip Code 55424-1106

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

Name of Employer Suburban Radiologic Consultants, Ltd. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521639
Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 1279 Bucher Ave

City Shoreview State MN Zip Code 55126-8605

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

Name of Employer Suburban Radiologic Consultants Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521640
Amount of Each Receipt this Period 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 92
(check only one)

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

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

A.

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

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521641

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521649

Amount of Each Receipt this Period
60.00

C.

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

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 07030-6730

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521650

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521651

Amount of Each Receipt this Period
60.00

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

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521652

Amount of Each Receipt this Period
60.00

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

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521653

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 92
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521654

Amount of Each Receipt this Period
60.00

B.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521655

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521656

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 92
(check only one)

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

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

A.

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

Mailing Address 35 Annfield Ct

City Staten Island State NY Zip Code 10304-1301

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521657
Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521658
Amount of Each Receipt this Period 60.00

C.

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 36521664
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 92
(check only one)

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

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

A.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521665

Amount of Each Receipt this Period
60.00

B.

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521666

Amount of Each Receipt this Period
60.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521667

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521668

Amount of Each Receipt this Period
19.23

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521669

Amount of Each Receipt this Period
19.23

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

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521670

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 92

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

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

Mailing Address 140 Chestnut St

City State Zip Code
Englewood NJ 07631-3033

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 326.91

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 36521671

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 326.91

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 36521672

Amount of Each Receipt this Period

19.23

C.

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 326.91

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 36521673

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 71 / 92 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Gene Han | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| | Mailing Address 24 Briarcliff Rd | Transaction ID: 36521674 |
| | City Tenafly State NJ Zip Code 07670-2902 | Amount of Each Receipt this Period 19.23 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 326.91 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Robert Krugman | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| | Mailing Address 10 Lexington Ct | Transaction ID: 36521675 |
| | City Englewood State NJ Zip Code 07631-3081 | Amount of Each Receipt this Period 19.23 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 326.91 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Gail Starr | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| | Mailing Address Hackensack Univ Med Ctr 20 Prospect Ave Ste 513 | Transaction ID: 36521676 |
| | City Hackensack State NJ Zip Code 07601-1962 | Amount of Each Receipt this Period 19.23 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 326.91 | |

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

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

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

FOR LINE NUMBER: PAGE 72 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521677

Amount of Each Receipt this Period
38.46

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

Mailing Address 60 Intervale Rd

City State Zip Code
Providence RI 02906-4842

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

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521680

Amount of Each Receipt this Period
250.00

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

Mailing Address 2130 Coffee Pot Blvd NE

City State Zip Code
Saint Petersburg FL 33704-4650

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

Name of Employer Radiology Associates of Tampa Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36521687

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **538.46**

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

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

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

FOR LINE NUMBER: PAGE 73 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City State Zip Code
Florence SC 29506-8552

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

Name of Employer Florence Radiological Associates, P.A. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: 36522132

Amount of Each Receipt this Period
250.00

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

Mailing Address 728 134th St SW Ste 120

City State Zip Code
Everett WA 98204-5322

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: 36522133

Amount of Each Receipt this Period
500.00

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

Mailing Address 9 Collins Crest Ct

City State Zip Code
Greenville SC 29607-3774

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

Name of Employer Wake Forest Univ School of Med Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: 36522134

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 92
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Hugo Falcon, JR

Mailing Address 412 Herrington Dr NE

City Atlanta State GA Zip Code 30342-3822

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

Name of Employer Diagnostic Imaging Specialists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 36522135

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rizvan Mirza

Mailing Address 1125 W Peppertree Dr Apt 402

City Sarasota State FL Zip Code 34242-3236

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

Name of Employer Radia, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 36522136

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1180 Saint Mellion Dr

City Presto State PA Zip Code 15142-1010

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

Name of Employer Tycor Imaging Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 36522154

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 13 Pintail Pl

City State Zip Code
Appleton WI 54913-8068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36522155
Amount of Each Receipt this Period: 250.00

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

Mailing Address 144 N Sewalls Point Rd

City State Zip Code
Sewalls Point FL 34996-6502

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

Name of Employer: Michael M. Raskin, P.A.
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36527310
Amount of Each Receipt this Period: 250.00

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

Mailing Address 20050 NW 10th St

City State Zip Code
Pratt KS 67124-7721

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

Name of Employer: United Radiology Group
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36527311
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 92

(check only one)

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

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

A.

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

Mailing Address 2055 Myrtlewood Dr

City State Zip Code
Montgomery AL 36111-1003

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

Name of Employer Occupation
Montgomery Radiology Associates Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 36527313

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 201 Haines Dr

City State Zip Code
Moorestown NJ 08057-2636

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

Name of Employer Occupation
Radiology Associates of New Jersey Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 36527319

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 28 Winding Creek Way

City State Zip Code
Ormond Beach FL 32174-6773

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

Name of Employer Occupation
Radiology Associates of Daytona Beach Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 36527320

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Dr. Leonard Zawodniak</p> <p>Mailing Address 1439 Garrett Dr</p> <hr/> <p>City State Zip Code Wall Township NJ 07719-9648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Jersey Shore Radiology As- Diagnostic Radiologist sociates</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0</p> <p>Transaction ID: 36527539</p> <p>Amount of Each Receipt this Period 40.00</p> |
|--|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Dr. Jeffrey Hu</p> <p>Mailing Address 302 Topwater Ln</p> <hr/> <p>City State Zip Code Greensboro NC 27455-3423</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Greensboro Radiology Diagnostic Radiologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0</p> <p>Transaction ID: 36527542</p> <p>Amount of Each Receipt this Period 60.00</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Dr. Edward Sullivan, III</p> <p>Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400</p> <hr/> <p>City State Zip Code Birmingham AL 35216-2153</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Radiology Associates of Diagnostic Radiologist Birmingham</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0</p> <p>Transaction ID: 36527557</p> <p>Amount of Each Receipt this Period 40.00</p> |
|---|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 140.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 92
(check only one)

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

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

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Howard Bear | | Date of Receipt MM / DD / YYYY 08 / 31 / 2010 |
| Mailing Address 4931 Pearlman Way | | Transaction ID: 36527559 |
| City San Diego | State CA | Zip Code 92130-2789 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer San Diego Imaging Medical Group | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. James Webb | | Date of Receipt MM / DD / YYYY 08 / 31 / 2010 |
| Mailing Address 9132 E 101st PI | | Transaction ID: 36527592 |
| City Tulsa | State OK | Zip Code 74133-6912 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Univ of Oklahoma Health Sci Ctr | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

C.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Martin Schwartz | | Date of Receipt MM / DD / YYYY 08 / 31 / 2010 |
| Mailing Address Radiology Associates of Birmingham 2090 Columbiana Rd Ste 4400 | | Transaction ID: 36527593 |
| City Birmingham | State AL | Zip Code 35216-2152 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Radiology Associates of Birmingham, PC | Occupation Diagnostic Radiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 92
(check only one)

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

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

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

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 572.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36527613
Amount of Each Receipt this Period: 40.00

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

Mailing Address 7 Foxglove Ct

City State Zip Code
Greenville SC 29615-5505

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

Name of Employer Occupation
Greenville Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36527614
Amount of Each Receipt this Period: 42.00

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

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 36527617
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 122.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Medical College of Georgia
1120 15th St BA1414

City Augusta State GA Zip Code 30912-0006

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

Name of Employer Medical College of Georgia Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527629
Amount of Each Receipt this Period 83.34

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

Mailing Address 10525 Concord School Rd

City Saint Louis State MO Zip Code 63128-1232

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

Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527630
Amount of Each Receipt this Period 85.00

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

Mailing Address 2625 Rolling Hills Dr

City Monroe State NC Zip Code 28110-8408

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527631
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ▶ 210.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 92
(check only one)

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

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

A.

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

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527632

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 6641 N Forkner Ave

City Fresno State CA Zip Code 93711-1326

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

Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527648

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City Alexandria State LA Zip Code 71301-3606

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

Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527651

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► **175.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 92
(check only one)

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

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

A.

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

Mailing Address 3720 Rabbit Creek Ct

City Theodore State AL Zip Code 36582-2505

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

Name of Employer Radiology Associates of Mobile
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527665
Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 9 Old Sudbury Rd

City Lincoln State MA Zip Code 01773-4807

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

Name of Employer The Imaging Institute
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527666
Amount of Each Receipt this Period 83.34

C.

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

Mailing Address Greenville Radiology PA
1210 W Faris Rd

City Greenville State SC Zip Code 29605-4444

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

Name of Employer Greenville Hospital
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 36527668
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 143.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 92
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Amy Kirby

Mailing Address 5209 Pulchella Dr

City State Zip Code
Oklahoma City OK 73142-6811

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

Name of Employer Occupation
Eagle Eye Imaging Radiology Resident

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1700.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: 36527669

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code
Birmingham AL 35213-3403

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

Name of Employer Occupation
Advanced Imaging Assoc of AL Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: 36527732

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

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

Name of Employer Occupation
Center Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: 36534656

Amount of Each Receipt this Period
45.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 345.00 |
| TOTAL This Period (last page this line number only) | 55343.74 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tim Murphy For Congress

Transaction ID: 35883110

Date of Disbursement

Mailing Address PO Box 24551

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 4 | | 2 | 0 | 1 | 0 |

City State Zip Code
Pittsburgh PA 15234

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Rep. Tim F. Murphy

Office Sought: House Senate President
State: PA District: 18
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Castor For Congress

Transaction ID: 35884452

Date of Disbursement

Mailing Address 301 W. Platt Street #385

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

City State Zip Code
Tampa FL 33606

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Rep. Katherine Castor

Office Sought: House Senate President
State: FL District: 11
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Great Land PAC

Transaction ID: 35884619

Date of Disbursement

Mailing Address 607 14th Street, NW
Suite 800

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 3 | | 2 | 0 | 1 | 0 |

City State Zip Code
Washington DC 20005

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Great Land PAC

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

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 12000.00 |
|----------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of John Barrow | Transaction ID: 35901146 Date of Disbursement 08 / 25 / 2010 |
| | Mailing Address PO Box 8166 | Amount of Each Disbursement this Period 3500.00 |
| | City Savannah State GA Zip Code 31412 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. John Barrow | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Minnick For Congress | Transaction ID: 35912541 Date of Disbursement 08 / 19 / 2010 |
| | Mailing Address P O Box 288 | Amount of Each Disbursement this Period 3000.00 |
| | City Meridian State ID Zip Code 83642 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Mr. Walter Minnick | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Cantor For Congress | Transaction ID: 36024383 Date of Disbursement 08 / 03 / 2010 |
| | Mailing Address P. O. Box 17813 | Amount of Each Disbursement this Period 5000.00 |
| | City Richmond State VA Zip Code 23226 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Eric I. Cantor | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11500.00 |
| 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)

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

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

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson Mailing Address PO Box 1112 City State Zip Code State College PA 16804 Purpose of Disbursement Candidate Name Rep. Glenn Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36024384 Date of Disbursement 08 / 14 / 2010 Amount of Each Disbursement this Period 4000.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Mary Bono Mack Committee Mailing Address PO Box 3370 City State Zip Code Palm Springs CA 92263 Purpose of Disbursement Candidate Name Rep. Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36047035 Date of Disbursement 08 / 06 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Mikulski For Senate Committee Mailing Address P O B 13147 City State Zip Code Baltimore MD 21203 Purpose of Disbursement Candidate Name Sen. Barbara A. Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36050032 Date of Disbursement 08 / 04 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns | Transaction ID: 36056322 Date of Disbursement 08 / 12 / 2010 |
| | Mailing Address PO Box 308 | Amount of Each Disbursement this Period 2500.00 |
| | City Silver Springs State FL Zip Code 34489 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Clifford B. Stearns | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Martha Roby For Congress | Transaction ID: 36058485 Date of Disbursement 08 / 16 / 2010 |
| | Mailing Address PO Box 195 | Amount of Each Disbursement this Period 3000.00 |
| | City Montgomery State AL Zip Code 36101 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Ms. Martha Roby | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Friends Of Connie Mack | Transaction ID: 36081964 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address P.O. Box 519 Pmb 388 | Amount of Each Disbursement this Period 2500.00 |
| | City Naples State FL Zip Code 34106 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Connie Mack, IV | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8000.00 |
| 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)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee | Transaction ID: 36316345 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 215 Fourth Avenue Suite 200 | Amount of Each Disbursement this Period 2500.00 |
| | City Haddon Heights State NJ Zip Code 07076 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Robert Andrews | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Democrats Against Waste in Government (DAWG PAC) | Transaction ID: 36316346 Date of Disbursement 08 / 25 / 2010 |
| | Mailing Address PO Box 83142 | Amount of Each Disbursement this Period 5000.00 |
| | City Gaithersburg State MD Zip Code 20883 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Democrats Against Waste in Government (DAWG PAC) | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Taking the Hill PAC | Transaction ID: 36316348 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 499 South Capitol Street, S.W. Suite 404 | Amount of Each Disbursement this Period 3500.00 |
| | City Washington State DC Zip Code 20003 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Taking the Hill PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11000.00 |
| 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)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Giffords For Congress | Transaction ID: 36325308 Date of Disbursement 08 / 16 / 2010 |
| | Mailing Address PO Box 12886 | Amount of Each Disbursement this Period 3000.00 |
| | City Tucson State AZ Zip Code 85732 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Gabrielle Giffords | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress | Transaction ID: 36327574 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address Box 137 | Amount of Each Disbursement this Period 1500.00 |
| | City Spokane State WA Zip Code 99210 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Cathy McMorris Rodgers | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Bera For Congress | Transaction ID: 36327575 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address Post Office Box 582496 | Amount of Each Disbursement this Period 2500.00 |
| | City Elk Grove State CA Zip Code 95758 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Amerish Bera | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| 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 90 / 92

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Diane Black For Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City Gallatin State TN Zip Code 37066 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36344214 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) BRETT PAC <hr/> Mailing Address 608 MONTGOMERY AVENUE <hr/> City ELIZABETHTOWN State KY Zip Code 42701 <hr/> Purpose of Disbursement <hr/> Candidate Name BRETT PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36348330 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate <hr/> Mailing Address P.O. Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Mike Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 36527906 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 4000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 91 / 92

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) House Conservatives Fund | Transaction ID: 36527956 Date of Disbursement 08 / 30 / 2010 |
| | Mailing Address P. O. Box 2752 | Amount of Each Disbursement this Period 3000.00 |
| | City Washington State DC Zip Code 20013 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name House Conservatives Fund | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc | Transaction ID: 36555352 Date of Disbursement 08 / 20 / 2010 |
| | Mailing Address Post Office Box 470840 | Amount of Each Disbursement this Period -1000.00 |
| | City Tulsa State OK Zip Code 74147 | |
| | Purpose of Disbursement Void - Stop Payment issued because check was not cashed | 011 Category/Type |
| | Candidate Name Rep. John Sullivan | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Void - Stop Payment issued because check was not cashed

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

69000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 92

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 36752675

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

372.18

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

372.18

TOTAL This Period (last page this line number only)

372.18