

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2006 through 08 31 2006

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

Signature of Treasurer Electronically Filed by DR Milton Guiberteau Date 09 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		331338.52
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	474138.66									
(c) Total Receipts (from Line 19)	48837.71	496723.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	522976.37	828062.30								
7. Total Disbursements (from Line 31)	71649.46	376735.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	451326.91	451326.91								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	41531.70	399808.64
(i) Itemized (use Schedule A)	6132.92	89154.70
(ii) Unitemized	47664.62	488963.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47664.62	488963.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1173.09	7760.44
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))	48837.71	496723.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48837.71	496723.78

DETAILED SUMMARY PAGE

of Disbursements

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	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	364600.00
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.....	649.46	10362.39
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))..	71649.46	376735.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	71649.46	376735.39

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47664.62	488963.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47664.62	488963.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
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	1773.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Robert Hannon		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address Salem Radiology 23 Stiles Rd		Transaction ID: 16186217	
City Salem	State NH	Amount of Each Receipt this Period 365.00	
Zip Code 03079-2859			
FEC ID number of contributing federal political committee. C			
Name of Employer Salem Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. DR Mitchell Miller		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 2 Constitution Ct Apt 1009		Transaction ID: 16186231	
City Hoboken	State NJ	Amount of Each Receipt this Period 365.00	
Zip Code 07030-6730			
FEC ID number of contributing federal political committee. C			
Name of Employer Atlantic Radiologists PA		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. DR Jagan Ailiani		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 521 S Deer Lake Dr W		Transaction ID: 16186255	
City Carbondale	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 62901-5229			
FEC ID number of contributing federal political committee. C			
Name of Employer Cape Radiology Group		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Bruce J. Bortnick

Mailing Address Shady Grove Radiology
19650 Club House Rd Ste 201

City State Zip Code
Montgomery Village MD 20886-3039

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

Name of Employer Shady Grove Radiological Consultants
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: 16186256

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Terry Buccambuso

Mailing Address 2559 Sunridge Cir.

City State Zip Code
Twin Falls ID 83301-8105

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

Name of Employer Southern Idaho Radiology, P.A.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: 16186258

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Daniel Miles

Mailing Address Radiology Associates
1673 Mason Ave Ste 305

City State Zip Code
Daytona Beach FL 32117-5516

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

Name of Employer Radiology Associates of Daytona Beach
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: 16186259

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Satish Patel		Date of Receipt MM / DD / YYYY 08 / 01 / 2006
Mailing Address 695 Lantern Hill Rd		Transaction ID: 16186318
City Shavertown	State PA	Zip Code 18708-9589
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer WVRA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DR Michael Jacobs		Date of Receipt MM / DD / YYYY 08 / 01 / 2006
Mailing Address 3818 11th Street PI NE		Transaction ID: 16186322
City Hickory	State NC	Zip Code 28601-8420
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Catawba Radiological Associates, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DR Daniel Eurman		Date of Receipt MM / DD / YYYY 08 / 01 / 2006
Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108		Transaction ID: 16186326
City Minneapolis	State MN	Zip Code 55437-1111
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Stephanie Jiminez		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 36 Asbury Rd SE		Transaction ID: 16311507	
City Huntsville	State AL	Amount of Each Receipt this Period 500.00	
Zip Code 35801-1102		FEC ID number of contributing federal political committee. C	
Name of Employer Radiology of Huntsville	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DR Daniel Schwartzberg		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 1250 McLynn Ave NE		Transaction ID: 16311508	
City Atlanta	State GA	Amount of Each Receipt this Period 40.00	
Zip Code 30306-2530		FEC ID number of contributing federal political committee. C	
Name of Employer Georgia Baptist Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DR Gerard Helinek		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 25 Hummingbird Rd		Transaction ID: 16311511	
City Wyomissing	State PA	Amount of Each Receipt this Period 2000.00	
Zip Code 19610-2849		FEC ID number of contributing federal political committee. C	
Name of Employer West Reading Radiology Associates	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2540.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Tracy Yanke		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 11965 E Calle De Valle		Transaction ID: 16311521
City State Zip Code Scottsdale AZ 85255-6905	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rush-Presbyterian St Luke's	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR Sherwin Borsuk		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 80 Parker Ave		Transaction ID: 16311524
City State Zip Code Meriden CT 06450-5924	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MidState Radiological Associates, L.L.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Juliana Simmons		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 2711 Westminster Rd		Transaction ID: 16311525
City State Zip Code Ellicott City MD 21043-3599	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Hosp Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Vipin Bansal		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311573	
City Sacramento State CA Zip Code 95815-4227	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DR Jonathan Breslau		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311575	
City Sacramento State CA Zip Code 95815-4227	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Associates of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. DR Christopher Chong		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 27075 E El Macero		Transaction ID: 16311578	
City El Macero State CA Zip Code 95618-1006	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code
Davis CA 95616-7664

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

Name of Employer Radiological Associates of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: 16311588

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DR John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: 16311589

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
DR Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: 16311590

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Hani Greiss		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311591
City Sacramento State CA Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Don Charle Loomer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 937 Stillspring Court		Transaction ID: 16311598
City Vacaville State CA Zip Code 95687-7704	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DR Vartan Malian		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 100 Crane Meadow Ct		Transaction ID: 16311599
City Roseville State CA Zip Code 95661-4030	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

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

Name of Employer
Radiological Assoc. of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311600

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DR Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
Loomis CA 95650-7701

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

Name of Employer
Radiological Assoc. of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311601

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DR Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
Carmichael CA 95608-4571

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

Name of Employer
Radiological Assoc. of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311604

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 85
	(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

Full Name (Last, First, Middle Initial) A. DR Christopher Schaefer		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311605
City Sacramento State CA Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DR Albert Schraner		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 5300 Tufts St		Transaction ID: 16311606
City Davis State CA Zip Code 95616-7219	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DR David Seidenwurm		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 2806 Hoffman Bluff Way		Transaction ID: 16311607
City Carmichael State CA Zip Code 95608-4522	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311608

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DR James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311625

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DR Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 16311627

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 85
	<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

A. Full Name (Last, First, Middle Initial) DR Dylan Witt Mailing Address 3636 Washoe St City Davis State CA Zip Code 95616-5087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Transaction ID: 16311629 Amount of Each Receipt this Period 300.00
Name of Employer: Radiological Assoc. of Sacramento Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) DR Michael Haseman Mailing Address 4713 Firebird Lane City Sacramento State CA Zip Code 95841-4550 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Transaction ID: 16311635 Amount of Each Receipt this Period 300.00
Name of Employer: Radiological Assoc. of Sacramento Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) DR Sharon Dutton Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy City Sacramento State CA Zip Code 95815-4227 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Transaction ID: 16311636 Amount of Each Receipt this Period 300.00
Name of Employer: Radiological Assoc. of Sacramento Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Roger Gilbert		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311637	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DR Susan Lee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 16311639	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. DR Mark Logsdon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 16311641	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR William Mechanic		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 679 Leslie Lane		Transaction ID: 16311777	
City State Zip Code Yardley PA 19067-4470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Affiliates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DR Anthony Pappas		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 685 Hazeltine Ave SE		Transaction ID: 16311778	
City State Zip Code Salem OR 97306-9357	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Willamette Valley Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. DR Daniel Becker		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 6081 Woodway Dr		Transaction ID: 16320862	
City State Zip Code Memphis TN 38120-3110	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mid South Imaging, P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

A. Full Name (Last, First, Middle Initial) DR Brett Storm Mailing Address 1900 Fairview Ave City Dothan State AL Zip Code 36301-3008 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: 16320864 Amount of Each Receipt this Period 250.00
Name of Employer: Radiology Associates of Dothan Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) DR Stephen Lindsey Mailing Address PO Box 537 City West Bend State WI Zip Code 53095-0537 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: 16320866 Amount of Each Receipt this Period 500.00
Name of Employer: Self-Employed Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial) DR Thomas Pugh, JR Mailing Address 3547 Lakeshore Dr City Kingsport State TN Zip Code 37663-3372 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: 16320867 Amount of Each Receipt this Period 250.00
Name of Employer: Blue Ridge Radiology Occupation: Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 85
	<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

A. Full Name (Last, First, Middle Initial) DR Steven Sorenson Mailing Address 1840 University Ave City San Diego State CA Zip Code 92103-3567 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: 16320957 Amount of Each Receipt this Period 365.00
Name of Employer La Jolla Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) DR Kim Podolnick Mailing Address 8015 164th St City Jamaica State NY Zip Code 11432-1116 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6 Transaction ID: 16333996 Amount of Each Receipt this Period 500.00
Name of Employer Hillcrest Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) DR John Agola Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Transaction ID: 16337811 Amount of Each Receipt this Period 100.00
Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 642.86		

SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Cara Bonawitz		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 105 Shoal Quay		Transaction ID: 16337812	
City State Zip Code Chesapeake VA 23320-2019		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 642.86	

Full Name (Last, First, Middle Initial) B. DR George Christian		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 16337813	
City State Zip Code Norfolk VA 23502-4008		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Jeffrey Crass		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 917 Bobolink Dr		Transaction ID: 16337814	
City State Zip Code Virginia Beach VA 23451-4944		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 642.86	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City State Zip Code
Hampton VA 23666-6021

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

Name of Employer Medical Center Radiologists
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337815

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Medical Center Radiologists, I
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337816

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code
Virginia Beach VA 23454-1367

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

Name of Employer Medical Center Radiologists, Inc.
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337817

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 642.86

Date of Receipt
08 / 11 / 2006

Transaction ID: 16337818

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR Yan Gao

Mailing Address 1521 Mirassou Ln

City Virginia Beach State VA Zip Code 23454-1373

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 642.86

Date of Receipt
08 / 11 / 2006

Transaction ID: 16337819

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Susanne Grasso

Mailing Address Med Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 642.86

Date of Receipt
08 / 11 / 2006

Transaction ID: 16337820

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Michael Ho		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 16337821
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 642.86	

Full Name (Last, First, Middle Initial) B. DR Lester Johnson		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 1021 Downshire Chase		Transaction ID: 16337822
City Virginia Beach State VA Zip Code 23452-6154	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 642.86	

Full Name (Last, First, Middle Initial) C. DR Yoonah Kim		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 917 Kings Cross		Transaction ID: 16337823
City Virginia Beach State VA Zip Code 23452-6230	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 704.74	

SUBTOTAL of Receipts This Page (optional) ▶	283.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DR Patsy Loiacono

Mailing Address 903A Yorkville Rd

City Yorktown State VA Zip Code 23692-3508

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

Name of Employer Medical Center Radiologists
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 16337824

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR Susan McKenzie

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists
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		1	1		2	0	0	6

Transaction ID: 16337825

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 642.86

Date of Receipt

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

Transaction ID: 16337826

Amount of Each Receipt this Period

100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 85
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DR Hans Sachse		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 4200 Faigle Rd		Transaction ID: 16337827	
City Portsmouth	State VA	Zip Code 23703-4811	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. DR Sarah Shaves		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		Transaction ID: 16337828	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.29		

Full Name (Last, First, Middle Initial) C. DR Lamar Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		Transaction ID: 16337829	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.86		

SUBTOTAL of Receipts This Page (optional) ▶	280.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Richard Thomas

Mailing Address 1037 Long Beeches Ave

City State Zip Code
Chesapeake VA 23320-0681

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

Name of Employer: Medical Center Radiologists, Inc
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337830

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR Harlan Vingan

Mailing Address Medical Center Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer: Medical Center Radiologists, Inc
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337833

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR Marshall Weissberger

Mailing Address Medical Center Radiologists
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer: Medical Center Radiologists, Inc
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
642.86

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337834

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR John Whitbeck		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 16337835
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 696.43	

Full Name (Last, First, Middle Initial) B. DR Robert Woolfitt		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 16337836
City Norfolk State VA Zip Code 23502-4008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 642.86	

Full Name (Last, First, Middle Initial) C. DR John Campbell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1416 Watersedge Dr		Transaction ID: 16337840
City Virginia Beach State VA Zip Code 23452-6222	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 626.69	

SUBTOTAL of Receipts This Page (optional) ▶	266.67
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 85
	(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

A. Full Name (Last, First, Middle Initial) DR Kirstin Fiona Davis		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1005 Caton Dr		Transaction ID: 16337841	
City State Zip Code Virginia Beach VA 23454-3162	Amount of Each Receipt this Period 70.83		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.10		

B. Full Name (Last, First, Middle Initial) DR Donald La Vay		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 109 George Sandys		Transaction ID: 16337842	
City State Zip Code Williamsburg VA 23185-8938	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

C. Full Name (Last, First, Middle Initial) DR Phillip Luebbert		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 9528 25th Bay St		Transaction ID: 16337843	
City State Zip Code Norfolk VA 23518-1812	Amount of Each Receipt this Period 70.83		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.81		

SUBTOTAL of Receipts This Page (optional)	183.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Eveleen Oleinik		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1021 Downshire Chase		Transaction ID: 16337851
City State Zip Code Virginia Beach VA 23452-6154	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.14	

Full Name (Last, First, Middle Initial) B. DR Kip Kang-L Park		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220		Transaction ID: 16337852
City State Zip Code Norfolk VA 23502-4008	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.98	

Full Name (Last, First, Middle Initial) C. DR Jennifer Rush		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 3864 Banyon Grove Ln Apt 301		Transaction ID: 16337853
City State Zip Code Virginia Beach VA 23462-7492	Amount of Each Receipt this Period 66.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.69	

SUBTOTAL of Receipts This Page (optional) ▶	158.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Adam Specht		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 3309 Chappell PI		Transaction ID: 16337854	
City State Zip Code Virginia Beach VA 23452-6290	Amount of Each Receipt this Period 70.83		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 617.24		

Full Name (Last, First, Middle Initial) B. DR Desencia Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 600 Sabal Palm Ln Apt 307		Transaction ID: 16337855	
City State Zip Code Chesapeake VA 23320-1743	Amount of Each Receipt this Period 66.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.69		

Full Name (Last, First, Middle Initial) C. DR Daniel Boll		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Radiology Inc PO Box 1258		Transaction ID: 16337869	
City State Zip Code South Bend IN 46624-1258	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

SUBTOTAL of Receipts This Page (optional) ▶	446.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Brett Carmichael		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 17000 Barryknoll Way		Transaction ID: 16337870
City State Zip Code Granger IN 46530-6910	Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.30	

Full Name (Last, First, Middle Initial) B. DR John Collingwood		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 51766 Ashton Court		Transaction ID: 16337871
City State Zip Code Granger IN 46530-8747	Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) C. DR David D'Andrea		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 51326 Amesbury Way		Transaction ID: 16337872
City State Zip Code Granger IN 46530-4829	Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Gerard Duprat, JR		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 620 W Edison Rd Ste 110		Transaction ID: 16337873	
City State Zip Code Mishawaka IN 46545-2784		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) B. DR Mary Dynes		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address Elkhart General Hosp 600 East Blvd		Transaction ID: 16337874	
City State Zip Code Elkhart IN 46514-2483		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) C. DR Laurence Eckel		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 15822 Cedar Ridge Ct		Transaction ID: 16337875	
City State Zip Code Granger IN 46530-6516		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 309.30	

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 85
	(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

A. Full Name (Last, First, Middle Initial)
DR Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code
Granger IN 46530-8423

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

Name of Employer
Radiology, Inc. Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.61

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 16337876

Amount of Each Receipt this Period
309.30

B. Full Name (Last, First, Middle Initial)
DR James Field

Mailing Address PO Box 1258

City State Zip Code
South Bend IN 46624-1258

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

Name of Employer
Radiology, Inc. Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.61

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 16337877

Amount of Each Receipt this Period
309.30

C. Full Name (Last, First, Middle Initial)
DR Thomas Fischbach

Mailing Address 50600 Fox Trl

City State Zip Code
Granger IN 46530-8598

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

Name of Employer
Radiology, Inc. Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.61

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 16337878

Amount of Each Receipt this Period
309.30

SUBTOTAL of Receipts This Page (optional)	927.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Ramesh Gopal		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 52392 Clarendon Hills Dr		Transaction ID: 16337880
City State Zip Code Granger IN 46530-7864	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) B. DR Michael Grantham		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 50591 Glenshire Ct		Transaction ID: 16337881
City State Zip Code Granger IN 46530-4978	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) C. DR Alphonse Harding		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 17120 Wheatridge Ct		Transaction ID: 16337882
City State Zip Code Granger IN 46530-9769	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

SUBTOTAL of Receipts This Page (optional)	▶	927.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 85
	<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

A. Full Name (Last, First, Middle Initial) DR John Hill		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1531 Cedar Springs Ct		Transaction ID: 16337883	
City State Zip Code Mishawaka IN 46545-4053		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.61	

B. Full Name (Last, First, Middle Initial) Dr. Michael R. Holt		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 16980 Stonegate Court		Transaction ID: 16337884	
City State Zip Code Granger IN 46530-6947		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.61	

C. Full Name (Last, First, Middle Initial) DR David Hornback		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 50736 Meadow Green Ct		Transaction ID: 16337897	
City State Zip Code Granger IN 46530-9760		Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.61	

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 85
	(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

Full Name (Last, First, Middle Initial) A. DR Russell Johnson		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Elkhart General Hospital 600 East Blvd		Transaction ID: 16337898	
City Elkhart State IN Zip Code 46514-2483	Amount of Each Receipt this Period 257.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.06		

Full Name (Last, First, Middle Initial) B. Nina F. Johnson		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 16730 Orchard Ridge Court		Transaction ID: 16337899	
City Granger State IN Zip Code 46530-5900	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) C. DR Toby Kramer		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address LaPorte Hospital PO Box 250		Transaction ID: 16337900	
City La Porte State IN Zip Code 46352-0250	Amount of Each Receipt this Period 257.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.06		

SUBTOTAL of Receipts This Page (optional)	824.80
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Allison Lamont		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Radiology Inc PO Box 1258		Transaction ID: 16337901	
City South Bend	State IN	Amount of Each Receipt this Period 309.30	
Zip Code 46624-1258			
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) B. Dr. Eugene Long		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 406 Broad Street		Transaction ID: 16337904	
City Lagrange	State GA	Amount of Each Receipt this Period 309.30	
Zip Code 30240-2641			
FEC ID number of contributing federal political committee. C			
Name of Employer Goshen Health	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.30		

Full Name (Last, First, Middle Initial) C. DR Russell Midkiff		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 51930 Quail Valley Dr		Transaction ID: 16337905	
City Granger	State IN	Amount of Each Receipt this Period 309.30	
Zip Code 46530-8875			
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 85
	(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

Full Name (Last, First, Middle Initial) A. DR Pedro Miro		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 50957 Park Ridge Ct		Transaction ID: 16337906	
City State Zip Code Granger IN 46530-4986	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) B. DR Mark Ormson		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 51194 Midlothian Ct		Transaction ID: 16337907	
City State Zip Code Granger IN 46530-9253	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) C. DR Samir Patel		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 51362 Amesbury Way		Transaction ID: 16337908	
City State Zip Code Granger IN 46530-4829	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Karl Schultz		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Radiology Inc PO Box 1258		Transaction ID: 16337910	
City South Bend State IN Zip Code 46624-1258	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) B. DR Thomas Seiffert		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 620 W Edison Rd Ste 110		Transaction ID: 16337911	
City Mishawaka State IN Zip Code 46545-2784	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

Full Name (Last, First, Middle Initial) C. Kevin Michael Small		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 307 E La Salle Avenue Apt. 322L		Transaction ID: 16337912	
City South Bend State IN Zip Code 46617-4704	Amount of Each Receipt this Period 309.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61		

SUBTOTAL of Receipts This Page (optional) ▶	927.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 85
	(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

A. Full Name (Last, First, Middle Initial)
Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.61

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337913

Amount of Each Receipt this Period
309.30

B. Full Name (Last, First, Middle Initial)
DR Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City State Zip Code
Granger IN 46530-4252

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

Name of Employer Radiology Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.61

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337914

Amount of Each Receipt this Period
309.30

C. Full Name (Last, First, Middle Initial)
DR Michael Wheeler

Mailing Address 14689 Old Farm Rd

City State Zip Code
Granger IN 46530-6845

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

Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.61

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 16337915

Amount of Each Receipt this Period
309.30

SUBTOTAL of Receipts This Page (optional)	927.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Howard Wiarda		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 16784 Woodland Hills Dr S		Transaction ID: 16337916
City State Zip Code Granger IN 46530-8447	Amount of Each Receipt this Period 309.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.61	

Full Name (Last, First, Middle Initial) B. Jr., M.D. Charles Schranck		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 75 Fairmount Dr., North		Transaction ID: 16351597
City State Zip Code Alton IL 62002-3207	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Radiological Associates, P.C.	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 16351599
City State Zip Code Birmingham AL 35216-2152	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Assoc of Birmingham	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) ▶	609.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Gary Needell		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address University Radiology Group 579A Cranbury Rd		Transaction ID: 16351600	
City East Brunswick	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08816-5426			
FEC ID number of contributing federal political committee. C			
Name of Employer Rad Group of New Brunswick PA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DR Robert Gibbs		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 611 Quail Creek Rd		Transaction ID: 16351602	
City Parsons	State KS	Amount of Each Receipt this Period 500.00	
Zip Code 67357-2257			
FEC ID number of contributing federal political committee. C			
Name of Employer Robert Charles Gibbs, M.D- ... L.L.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. DR Robert Wolek		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 31 Dairy Hill Rd		Transaction ID: 16352197	
City Madison	State CT	Amount of Each Receipt this Period 365.00	
Zip Code 06443-2491			
FEC ID number of contributing federal political committee. C			
Name of Employer Lourdes Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Laura Knight		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 526 N Tara Ln		Transaction ID: 16352198	
City State Zip Code Wichita KS 67206-1828	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Special Radiology Services	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. DR Michael Heaney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 11494 Basswood Ln N		Transaction ID: 16352200	
City State Zip Code Champlin MN 55316-1919	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) C. Dr. Howard P. Rothenberg		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address Unit 5C 227 South 6th Street		Transaction ID: 16474468	
City State Zip Code Philadelphia PA 19106	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southeast Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Charles Herbstman		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 572 Haworth Ave		Transaction ID: 16474469	
City State Zip Code Haworth NJ 07641-1537	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rad Center of Fair Lawn	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DR Susan Rubinoff		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 155 Brookside Ave		Transaction ID: 16474470	
City State Zip Code Ridgewood NJ 07450-4617	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Center of Fair Lawn	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. DR Andrew Breiterman		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 725 Harbour Post Dr Apt 2110		Transaction ID: 16607391	
City State Zip Code Tampa FL 33602-6757	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Andrew Berkow		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address Radiology Group PC SC 1970 E 53rd St		Transaction ID: 16607393
City Davenport State IA Zip Code 52807-2710	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Group PC, SC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DR Paul Sheya		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 236 S 3rd St Apt 236		Transaction ID: 16607396
City Montrose State CO Zip Code 81401-3618	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR Richard Goldenson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 16 Brookfield Rd		Transaction ID: 16611733
City Wellesley State MA Zip Code 02481-2421	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Caritas Good Samaritan Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Timothy Dyster		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 4783 Lauren Ct		Transaction ID: 16611734	
City Lewiston	State NY	Zip Code 14092-2347	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NFRA, P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DR George Rosenberg		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address PO Box 9877		Transaction ID: 16633878	
City St Thomas	State VI	Zip Code 00801-2877	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. DR Richard Jacobs		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 300 Ricardo Rd		Transaction ID: 16634280	
City Mill Valley	State CA	Zip Code 94941-2580	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAIMA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 85
	<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

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

Mailing Address 4888 Sedgwick

City State Zip Code
Riverside CA 92507-5893

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

Name of Employer Occupation
Arlington Rad Medical Grp Inc Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16635258

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Hugo Falcon, JR

Mailing Address 2304 Valley Brook Way NE

City State Zip Code
Atlanta GA 30319-5241

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

Name of Employer Occupation
Diagnostic Imaging Specialists Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16635259

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Thomas Lawrence

Mailing Address 21 Flagship Cv

City State Zip Code
Greensboro NC 27455-3428

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

Name of Employer Occupation
Greensboro Radiology PA Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16635407

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City State Zip Code
Little Rock AR 72212-2908

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

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16635408

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR Marie Taylor

Mailing Address Washington University
4921 Parkview Pl

City State Zip Code
Saint Louis MO 63110-1032

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

Name of Employer
Wash Univ. School of Medicine

Occupation
Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16635409

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code
Waban MA 02468-1112

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

Name of Employer
Newton Wellesley Hosp

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16635410

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 85
	(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

Full Name (Last, First, Middle Initial) A. DR Michael Raskin		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 144 N Sewalls Point Rd		Transaction ID: 16635411
City State Zip Code Sewalls Point FL 34996-6502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Michael M. Raskin, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DR Paul Ellenbogen		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 6612 Cliffbrook Dr		Transaction ID: 16635413
City State Zip Code Dallas TX 75254-8613	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Imaging & Inter-ven specialis	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. DR Elizabeth D'Angelo		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 108 Bur Ben Ln		Transaction ID: 16638864
City State Zip Code New Bern NC 28560-7520	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coastal Radiology	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) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR William Ketcham, II		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 10009 Knowlwood Rd		Transaction ID: 16638865	
City State Zip Code Cheyenne WY 82009-8362	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. DR Anna Chacko		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 9 Fieldstone Dr		Transaction ID: 16638866	
City State Zip Code Winchester MA 01890-3257	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lahey Clinic Med Ctr	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. DR Rajiv Sharma		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address Charlotte Radiology 1701 East Blvd		Transaction ID: 16638867	
City State Zip Code Charlotte NC 28203-5823	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

SUBTOTAL of Receipts This Page (optional) ▶	132.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 5624 Laurium Rd		Transaction ID: 16638871	
City State Zip Code Charlotte NC 28226-5610	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) B. DR David Marcantonio		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Georgia West Imaging 119 Maple St Ste 205		Transaction ID: 16638872	
City State Zip Code Carrollton GA 30117-3259	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia West Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. DR Stephen Agatston		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 3206 Saint Johns Dr		Transaction ID: 16638874	
City State Zip Code Dallas TX 75205-2919	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Kent Lancaster		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address Radiology Associates of Berrien 777 Riverview Dr Ste D208		Transaction ID: 16638877
City Benton Harbor State MI Zip Code 49022-5033	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Berrie	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. DR Lonnie Simmons		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address Gundersen Lutheran Clinic 1900 South Ave		Transaction ID: 16638878
City La Crosse State WI Zip Code 54601-5467	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. DR Terry Martin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 16638879
City Birmingham State AL Zip Code 35216-2152	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rad Assoc 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) ▶	183.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 30 / 2006

Transaction ID: 16638880

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

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

Name of Employer Radiology Affiliates of Central NJ Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 30 / 2006

Transaction ID: 16638881

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code
Greenville NC 27834-0508

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 30 / 2006

Transaction ID: 16638882

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) A. DR Brian Kuszyk		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3219 Old Oak Walk		Transaction ID: 16638885
City State Zip Code Greenville NC 27858-8441	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Eric M. Martin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 9 Doctors Park		Transaction ID: 16638886
City State Zip Code Greenville NC 27834-2801	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Roger Vithalani		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 516 Chesapeake PI		Transaction ID: 16638887
City State Zip Code Greenville NC 27858-0678	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Raja Cheruvu		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 165 Via Foresta Ln		Transaction ID: 16638889	
City Williamsville	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 14221-1984			
FEC ID number of contributing federal political committee. C			
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. DR Jeffrey Mewborne		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1702 S Thames Ct		Transaction ID: 16638890	
City Greenville	State NC	Amount of Each Receipt this Period 40.00	
Zip Code 27858-8130			
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. DR Ira Adler		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1811 Bloomsbury Rd		Transaction ID: 16638892	
City Greenville	State NC	Amount of Each Receipt this Period 40.00	
Zip Code 27858-9617			
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

A. Full Name (Last, First, Middle Initial) DR H E. Longmaid, III Mailing Address 52 Harwich Rd City Chestnut Hill State MA Zip Code 02467-3023 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638893 Amount of Each Receipt this Period 42.00
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 ▼ 336.00	

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		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638895 Amount of Each Receipt this Period 83.34
Name of Employer The Imaging Institute Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.36	

C. Full Name (Last, First, Middle Initial) DR Bradford Richmond Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave City Cleveland State OH Zip Code 44195-0001 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638896 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	

SUBTOTAL of Receipts This Page (optional)	165.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 85
	(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

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

Mailing Address 645 Mulberry Ln

City State Zip Code
Bellaire TX 77401-3803

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

Name of Employer St Joseph Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638897

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
DR Edward Black

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Charlotte Radiology PA
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638898

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
DR Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Eastern Radiologists
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638900

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	133.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 85						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<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

A. Full Name (Last, First, Middle Initial) DR Terry Wallace		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16638901	
City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

B. Full Name (Last, First, Middle Initial) DR Michael Sloan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2921 Capitol Ave		Transaction ID: 16638902	
City Cheyenne	State WY	Zip Code 82001-2754	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cheyenne Radiology and MR-I, P.C.	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 William Way, JR		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 7713 Oakmont PI		Transaction ID: 16638903	
City Raleigh	State NC	Zip Code 27615-5492	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 85
	(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

Full Name (Last, First, Middle Initial) A. DR Demetrius Morros		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1045 Lake Colony Ln		Transaction ID: 16638904	
City State Zip Code Birmingham AL 35242-7402	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02		

Full Name (Last, First, Middle Initial) B. DR Raul de la Vega, III		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2936 Grampian Dr		Transaction ID: 16638906	
City State Zip Code Gastonia NC 28054-6402	Amount of Each Receipt this Period 40.00		
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) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. DR Steven Leibel		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 19 Woodleaf Ave		Transaction ID: 16638907	
City State Zip Code Redwood City CA 94061-1823	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stanford University	Occupation Radiation Oncologist		
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) ▶	163.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638908

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
Charlotte NC 28211-3325

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638909

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code
Charlotte NC 28211-3808

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

Name of Employer Occupation
Charlotte Radiology PA Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638912

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)	▶	124.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code
Charlotte NC 28277-3033

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16638913

Amount of Each Receipt this Period
40.00

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

Mailing Address 4733 Coburn Court

City State Zip Code
Charlotte NC 28277-2593

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16638914

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

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

Name of Employer Occupation
Jersey Shore Radiology Assc Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 16638915

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Joel Swartz

Mailing Address 1210 Page Ter

City Villanova State PA Zip Code 19085-2132

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

Name of Employer Self-Employed
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638916

Amount of Each Receipt this Period
 40.00

B. Full Name (Last, First, Middle Initial)
DR Vittorio Antonacci

Mailing Address 10609 Lederer Ave

City Charlotte State NC Zip Code 28277-1493

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 ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638917

Amount of Each Receipt this Period
 42.00

C. Full Name (Last, First, Middle Initial)
DR Michael Brannon

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

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

Name of Employer Greenville Radiology
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638921

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)	▶	124.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Edward Sullivan, III		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400		Transaction ID: 16638922
City Birmingham State AL Zip Code 35216-2152	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Associates of Alabama	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. DR Bruce Schroeder		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 738 Lexington Dr		Transaction ID: 16638923
City Greenville State NC Zip Code 27834-0507	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. DR James Hiken		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 7109 Cove Pointe PI		Transaction ID: 16638924
City Prospect State KY Zip Code 40059-9680	Amount of Each Receipt this Period 40.00	
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 ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 85
	<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

A. Full Name (Last, First, Middle Initial) DR William Carey Werthmuller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16638925	
City Charlotte	State NC	Amount of Each Receipt this Period 40.00	
Zip Code 28236-6937			
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

B. Full Name (Last, First, Middle Initial) DR Carl Eisenberg		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16638926	
City Charlotte	State NC	Amount of Each Receipt this Period 40.00	
Zip Code 28236-6937			
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

C. Full Name (Last, First, Middle Initial) DR Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 3493 Siems Ct		Transaction ID: 16638927	
City Arden Hills	State MN	Amount of Each Receipt this Period 50.00	
Zip Code 55112-3639			
FEC ID number of contributing federal political committee. C			
Name of Employer St. Paul Radiology, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <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) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 85
	<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

A. Full Name (Last, First, Middle Initial) DR Kerry Chandler Mailing Address 4100 Mullcroft PI City Fuquay Varina State NC Zip Code 27526-8658 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638928 Amount of Each Receipt this Period 50.00
Name of Employer Wake Radiology Consultants 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 Joel Wissing Mailing Address Charlotte Radiology PO Box 36937 City Charlotte State NC Zip Code 28236-6937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638929 Amount of Each Receipt this Period 40.00
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 ▼ 320.00		

C. Full Name (Last, First, Middle Initial) DR Stuart Moses Mailing Address 14 Timber Dr City North Caldwell State NJ Zip Code 07006-4406 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 16638930 Amount of Each Receipt this Period 40.00
Name of Employer Self-employed Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Robert Newman		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 913 Southview PI NE		Transaction ID: 16638931
City State Zip Code Lenoir NC 28645-3755	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
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	

Full Name (Last, First, Middle Initial) B. DR Mary Pomeroy		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 16638932
City State Zip Code Monroe NC 28110-8408	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. DR Richard Redvanly		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 4315 Gosford PI		Transaction ID: 16638933
City State Zip Code Charlotte NC 28277-4546	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	132.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Ross Bellavia		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 6730 Seton House Ln		Transaction ID: 16638934	
City State Zip Code Charlotte NC 28277-4519		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. DR Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		Transaction ID: 16638936	
City State Zip Code Pittsburgh PA 15206-3780		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Weinstein Imaging Associates Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.68	

Full Name (Last, First, Middle Initial) C. DR Deborah Agisim		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 5600 Laurium Rd		Transaction ID: 16638937	
City State Zip Code Charlotte NC 28226-5610		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Charlotte Radiology Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	246.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR William Stuart Hartley

Mailing Address 1625 Dilworth Rd W

City State Zip Code
Charlotte NC 28203-5213

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
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638939

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

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

Name of Employer Occupation
Central LA Imaging Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638940

Amount of Each Receipt this Period
83.34

C. Full Name (Last, First, Middle Initial)
DR Varian C. Scott, III

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

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Occupation
Radiology Assoc of Birmingham Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 16638941

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	173.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 2821 Argyle Rd		Transaction ID: 16638942	
City State Zip Code Birmingham AL 35213-3403		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Imaging Assoc of AL		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. DR Gilbert Parker, JR		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 2763 Brownfield Way		Transaction ID: 16638944	
City State Zip Code Sumter SC 29150-2254		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Sumter Radiological, P.A.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. DR Christopher Ullrich		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address Charlotte Radiology PA PO Box 36937		Transaction ID: 16638945	
City State Zip Code Charlotte NC 28236-6937		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology PA		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.00	

SUBTOTAL of Receipts This Page (optional) ▶	147.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 85
	<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

Full Name (Last, First, Middle Initial) A. DR Robert Raible, JR		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 500 E Worthington Ave		Transaction ID: 16638948	
City State Zip Code Charlotte NC 28203-5346	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. DR Fred Lassiter		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16638949	
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

Full Name (Last, First, Middle Initial) C. DR Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 16638950	
City State Zip Code Charlotte NC 28236-6937	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

SUBTOTAL of Receipts This Page (optional) ▶	124.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 85
	<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

A. Full Name (Last, First, Middle Initial)
DR Gary Rike

Mailing Address 4492 Richmond Hill Dr

City Murrells Inlet State SC Zip Code 29576-6814

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

Name of Employer Self-Employed
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638952

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City Atlanta State GA Zip Code 30307-1244

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

Name of Employer Radiology Associates of Birmingham
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638954

Amount of Each Receipt this Period
50.00

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

Mailing Address 55 Wellington Dr

City Orange State CT Zip Code 06477-3035

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 ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 16638955

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 / 85	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DR John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code
Greer SC 29651-5065

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

Name of Employer Occupation
Greenville Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	6

Transaction ID: 16638956

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)	▶	42.00
TOTAL This Period (last page this line number only)	▶	41531.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Vanguard

Mailing Address PO Box 13750

City Philadelphia State PA Zip Code 19101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7760.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: 16900827

Amount of Each Receipt this Period
1173.09

Interest

SUBTOTAL of Receipts This Page (optional)	▶	1173.09
TOTAL This Period (last page this line number only)	▶	1173.09

**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 76 / 85

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

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

Full Name (Last, First, Middle Initial) A. Linder For Congress		Transaction ID: 16321021 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 1000.00
City Duluth State GA Zip Code 30096	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Linder	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Bobby Jindal		Transaction ID: 16144671 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Bobby Jindal	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ron Lewis For Congress		Transaction ID: 16144682 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1500.00
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Ron Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mchenry For Congress		Transaction ID: 16274288 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 2000.00
City Hickory State NC Zip Code 28601	Purpose of Disbursement Funds Reported On May Monthly FEC Report Category/Type 011	
Candidate Name Rep. Patrick McHenry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	[MEMO ITEM] Funds Reported On May Monthly FEC Report
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mchenry For Congress		Transaction ID: 16274289 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 2000.00
City Hickory State NC Zip Code 28601	Purpose of Disbursement Debt Retirement Re-designated funds for Category/Type 011	
Candidate Name Rep. Patrick McHenry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	[MEMO ITEM] Debt Retirement Re-designated funds for trans. dated 4/24/2006
Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Transaction ID: 15948679 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 4000.00
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement Category/Type 011	
Candidate Name Rep. Jim M. Ramstad	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

PAGE 78 / 85

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

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

Full Name (Last, First, Middle Initial) A. Nathan Deal For Congress		Transaction ID: 16279451 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Transaction ID: 16279105 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Bud Cramer		Transaction ID: 16279454 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 2621		Amount of Each Disbursement this Period 2000.00
City Huntsville State AL Zip Code 35804	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Robert E. Cramer, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	18000.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Heller For Congress		Transaction ID: 16277178 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89136		
Purpose of Disbursement		
Candidate Name Mr. Dean Heller		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 2		

Full Name (Last, First, Middle Initial) B. Whalen For Congress		Transaction ID: 16279524 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P. O. Box 750		Amount of Each Disbursement this Period 2500.00
City Bettendorf	State IA	
Zip Code 52722		
Purpose of Disbursement		
Candidate Name Mr. Michael Whalen		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 1		

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Transaction ID: 16320870 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka	State MN	
Zip Code 55305		
Purpose of Disbursement		
Candidate Name Rep. Jim M. Ramstad		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 3		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Mike Ferguson		Transaction ID: 16333936 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 2500.00
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Bobby Jindal		Transaction ID: 15982318 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2000.00
City Metairie State LA Zip Code 70011	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Bobby Jindal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Christopher Shays For Congress Committee		Transaction ID: 16311738 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 5000.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Reynolds For Congress		Transaction ID: 16279457 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 4000.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John Sullivan For Congress Inc		Transaction ID: 16279491 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 2000.00
City Tulsa State OK Zip Code 74147	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamberti For Congress		Transaction ID: 16311740 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address PO Box 785		Amount of Each Disbursement this Period 2000.00
City Ankeny State IA Zip Code 50021	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jeffrey Lamberti		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Craig Thomas		Transaction ID: 15983557 Date of Disbursement
Mailing Address 2780 Olive Dr		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Cheyenne	State WY	Zip Code 82001
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Sen. Craig Thomas	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 1		

Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer For Congress		Transaction ID: 16352170 Date of Disbursement
Mailing Address 200 North Main St. P.O. Box 712		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Monticello	State IN	Zip Code 47960
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Rep. Steve Buyer	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 4		

Full Name (Last, First, Middle Initial) C. Friends Of George Allen		Transaction ID: 16333994 Date of Disbursement
Mailing Address PO Box 6859		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Sen. George F. Allen	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 2		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Pete PAC Full Name (Last, First, Middle Initial) Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement Candidate Name 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: 16607356 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
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B. Jd Hayworth For Congress Full Name (Last, First, Middle Initial) Mailing Address 14300 N. Northsight Blvd. #105 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Candidate Name Rep. J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 16333978 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
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C. Rick Renzi For Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2383 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Candidate Name Rep. Rick Renzi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 16593381 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Cubin For Congress Inc		Transaction ID: 16595256 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address Post Office Box 4657 P O Box 4657		Amount of Each Disbursement this Period 2000.00
City Casper State WY Zip Code 82604		
Purpose of Disbursement Candidate Name Rep. Barbara Cubin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1	011 Category/ Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Santorum 2006		Transaction ID: 16607363 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 4000.00
City West Conshohocken State PA Zip Code 19428		
Purpose of Disbursement Candidate Name Sen. Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	011 Category/ Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

71000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 16901350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

649.46

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

649.46

TOTAL This Period (last page this line number only)

649.46