

**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 20191-4397

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343459

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 07 01 2003 through 07 31 2003

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 Art Van Moore, M.D.

Signature of Treasurer Electronically Filed by Art Van Moore, M.D. Date 08 20 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M07 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		195231.50
(b) Cash on Hand at Beginning of Reporting Period	295157.19	
(c) Total Receipts (from Line 19)	22607.93	298221.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	317765.12	493453.17
<hr/>		
7. Total Disbursements (from Line 31)	41749.67	217437.72
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276015.45	276015.45
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M07 ^D31 ^Y2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20960.67	
(ii) Unitemized	1471.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	22431.67	297021.69
(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)	22431.67	297021.69
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.)	176.26	1199.98
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))	22607.93	298221.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22607.93	298221.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	207000.00
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	100.00
(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	100.00
29. Other Disbursements.....	249.67	10337.72
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41749.67	217437.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	41749.67	217437.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22431.67	297021.69
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22431.67	296921.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

**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 / 35	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr Lon P Hamby		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 130 Newmont Dr		Transaction ID: 8408358
City Lexington	State SC	Zip Code 29072-8168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lexington Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Sanjay R Patel		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 7857 River Crest Dr		Transaction ID: 8408361
City Columbus	State GA	Zip Code 31904-2025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Floyd Edgar Seales		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 12580 Durbin Dr		Transaction ID: 8408360
City Saint Louis	State MO	Zip Code 63141-6814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Radiologists Associates	Occupation Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 35	
	(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"/> 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 J DeMartini		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 126 Terrace Ave		Transaction ID: 8459871
City Kentfield	State CA	Zip Code 94904-1531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CA Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr Kevin R Gillespie		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 544D S 61St Street Ct		Transaction ID: 8459424
City Lincoln	State NE	Zip Code 68516-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr Joe O Haines		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address Seton Medical Center 1900 Sullivan Ave		Transaction ID: 8459874
City Daly City	State CA	Zip Code 94015-2229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 35	
	<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 John W Haynes		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 118 Blackhawk Trail		Transaction ID: 8459403
City West Columbia	State SC	Zip Code 29169-3759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lexington Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr William K Ingham		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 250D Ridge Rd		Transaction ID: 8459406
City Lincoln	State NE	Zip Code 68512-2418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr Jay A Kalar		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 24 Forrest Ct		Transaction ID: 8459948
City San Anselmo	State CA	Zip Code 94580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Merit Magnetic Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr David L Kiple		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address Radiology Associates PC 1919 South 40th St Ste 312		Transaction ID: 8459448
City Lincoln	State NE	Zip Code 68506-5298
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr William D Ludwig		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 550D S 98th Pl		Transaction ID: 8459422
City Lincoln	State NE	Zip Code 68526-9608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr Jay D Mall		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 43 Geldert Ct		Transaction ID: 8459881
City Tiburon	State CA	Zip Code 94920-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Med Ctr	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
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 / 35	
	<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 Frederick R Margain		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address California Pacific Med Ctr 3698 California St		Transaction ID: 8459892
City San Francisco	State CA	Zip Code 94118-1702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Med Ctr	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Myron Marx		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address California Pacific Med Ctr PO Box 7998 Pacific Campus		Transaction ID: 8459893
City San Francisco	State CA	Zip Code 94120-7998
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Med Ctr	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Catharine M Mills		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 485 Ridge Rd		Transaction ID: 8459947
City Tiburon	State CA	Zip Code 94920-1814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General 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 11 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) Dr Allen K Oshita		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address California Pacific Medical Ctr PO Box 7999		Transaction ID: 8459849
City San Francisco	State CA	Zip Code 94120-7999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Medical Ctr	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr Susan R Denny		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 402 Median Way		Transaction ID: 8459872
City Mill Valley	State CA	Zip Code 94941-3561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Dr Jay D Sehelowitz		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 1485 Crystal Dr		Transaction ID: 8459948
City Hillsborough	State CA	Zip Code 94010-7309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General 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 12 / 35	
	<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 John Schumpf		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 81 Chanticleer St		Transaction ID: 8459710
City Larkspur	State CA	Zip Code 94039-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr David W Staller		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 170 Madrona Ave		Transaction ID: 8459713
City Belvedere	State CA	Zip Code 94020-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr William M Stephenson		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 815 Vista Rd		Transaction ID: 8459712
City Hillsborough	State CA	Zip Code 94010-6585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General 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 13 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr Joseph M Stevas		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 1918 S 40th St Ste 312		Transaction ID: 8459426
City Lincoln	State NE	Zip Code 68506-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr Richard L Wheat		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address Sequoia Hospital 170 Alameda De Las Pulgas		Transaction ID: 8459714
City Redwood City	State CA	Zip Code 94062-2739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Robert L With		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address PO Box 6102		Transaction ID: 8459847
City Novato	State CA	Zip Code 94948-6102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 35	
	<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 Russell Clinto Fritz		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 487 Green Glen Way		Transaction ID: 8459873
City Mill Valley	State CA	Zip Code 94041-4018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr John D Pflug		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 5231 Troon Dr		Transaction ID: 8459447
City Lincoln	State NE	Zip Code 68526-9556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr David S Marcus		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 503 Georgetown Ave		Transaction ID: 8459880
City San Mateo	State CA	Zip Code 94402-2253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 35	
	<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 Kathleen Moina McKenna		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 212 Eaton Rd Apt 12		Transaction ID: 8459944
City San Mateo	State CA	Zip Code 94402-1511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Mills-Peninsula Hospitals	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr David M Schmidt		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address Radiology Associates PC PO Box 82568		Transaction ID: 8459423
City Lincoln	State NE	Zip Code 68501-2568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, PC	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr Gregory Matthe Lim		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 1552 Los Montes Dr		Transaction ID: 8459889
City Burlingame	State CA	Zip Code 94010-5584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Harriet B. Barofsky		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 27 Avila Rd		Transaction ID: 8459851
City San Mateo	State CA	Zip Code 94402-2813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Lisa M. Sullivan		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 10401 SW 40th St		Transaction ID: 8459405
City Lincoln	State NE	Zip Code 68523-9266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Michale D. Semn		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 1401 W Burr Oaks Rd		Transaction ID: 8459445
City Lincoln	State NE	Zip Code 68523-9033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1425.00
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 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr Michael D DeWald		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 7900 S 88th St		Transaction ID: 8459446
City Lincoln	State NE	Zip Code 68526-9674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr Kelly C Braderick		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 2840 Mariposa Dr		Transaction ID: 8459870
City Burlingame	State CA	Zip Code 94010-5735
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging, M.A.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Curtis R Burhoop		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 5821 S 88th St		Transaction ID: 8459444
City Lincoln	State NE	Zip Code 68528-9489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
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 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr Adam W Nevitt		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 22 Balclutha Dr		Transaction ID: 8459648
City Corbe Madera	State CA	Zip Code 94825-1844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Rita Evelyn Schlich		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 8 Mount Foraker Ct		Transaction ID: 8459711
City San Rafael	State CA	Zip Code 94903-1015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Jonathan Fet		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 9311 Thornwood Dr		Transaction ID: 8459421
City Lincoln	State NE	Zip Code 68512-9399
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Radiology Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 35	
	<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 John Wilson, Jr		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 15 Arcadia Pl		Transaction ID: 8459945
City Hillsborough	State CA	Zip Code 94010-7010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Clay H. Napper, Jr.		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 50 McCreary Drive		Transaction ID: 8478604
City Hillsborough	State CA	Zip Code 94010-6136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mark N. Pederson		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 112 Pepper Avenue		Transaction ID: B480211
City Burlingame	State CA	Zip Code 94010-5235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Radiologist	
Receipt For: Primary General 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 20 / 35	
	<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. Betsy A Holland		Date of Receipt M / D / Y 07 / 14 / 2003
Mailing Address 84 Platt Avenue		Transaction ID: 8480216
City Sausalito	State CA	Zip Code 94065-1896
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Advanced Imaging	Occupation Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr James L Wesley		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 507 NE 47th Ave Ste 101		Transaction ID: 8480220
City Portland	State OR	Zip Code 97213-2236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Oregon Clinic	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Philip O Alderson		Date of Receipt M / D / Y 07 / 24 / 2003
Mailing Address 211 Highland Ave		Transaction ID: 8486470
City Ridgewood	State NJ	Zip Code 07450-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia University	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 35	
	<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 James B Haswell		Date of Receipt M / D / Y 07 / 24 / 2003
Mailing Address 2402 E Old Marion Hwy		Transaction ID: 8488469
City Florence	State SC	Zip Code 29506-8514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke University Medical Center	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Jorge Albin		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 845 Mulberry Ln		Transaction ID: 8547230
City Bellaire	State TX	Zip Code 77401-3803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer St Joseph Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) C. Dr Kim D Burroughs		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 5420 N Camino Real		Transaction ID: 8547244
City Tucson	State AZ	Zip Code 85718-5033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Radiology LTD	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	391.67
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 22 / 35	
	<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 James H Larose		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 317D Malane Dr		Transaction ID: 8547278
City Montgomery	State AL	Zip Code 36106-2647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Alabama Diagnostic	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Thomas G Lofin		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 740B Ashland Ln		Transaction ID: 8547241
City Birmingham	State AL	Zip Code 35242-2568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Birmingham Radiological Group	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Dr James H Maxwell		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 4 Loch Ridge Dr		Transaction ID: 8547236
City Greensboro	State NC	Zip Code 27408-5868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Greensboro Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	227.00
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 / 35	
	<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 William F Muhr, Jr		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address South Jersey Rad Assoc PA 1307 White Horse Rd Ste A102		Transaction ID: 8547272
City State Zip Code Yearhees NJ 08043-2100	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer South Jersey Rad Assoc PA	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr Robert H Newman		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 913 Southview Pl NE		Transaction ID: 8547232
City State Zip Code Lenoir NC 28645-3755	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr John H Niemeyer		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 1852 Mason Knoll Rd		Transaction ID: 8547273
City State Zip Code Saint Louis MO 63131-1219	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Midwest Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 35	
	<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 Arthur D Sandy		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 2821 Argyle Rd		Transaction ID: 8547265
City Birmingham	State AL	Zip Code 35213-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Imaging Assoc of AL	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr Roger H Thomas		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 1636 Anita Ln		Transaction ID: 8547234
City Newport Beach	State CA	Zip Code 92660-4804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Newport Harbor Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Dr Christopher G Ulrich		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address Charlotte Radiology PA PO Box 36937		Transaction ID: 8547231
City Charlotte	State NC	Zip Code 28238-6537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology PA	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	▶	327.00
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 / 35	
	<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 Andrew C Wu		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 8720 Valentine Ct		Transaction ID: 8547229
City Raleigh	State NC	Zip Code 27615-5830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Dr Kenneth L Mendelson		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 10 Mink Trap Ln		Transaction ID: 8547262
City Sharon	State MA	Zip Code 02067-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rhode Island Med Imag Inc	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Michael Freder DeVanny		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 3090 Yorktown Dr		Transaction ID: 8547268
City Tuscaloosa	State AL	Zip Code 35408-2713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Radiology Clinic	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 35	
	<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 Kevin J Abrams		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 441 D Nautilus Dr		Transaction ID: 8547279
City	State	Zip Code
Miami Beach	FL	33140-2826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RASF	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Elizabeth G D'Angelo		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 108 Bur Ben Ln		Transaction ID: 8547243
City	State	Zip Code
New Bern	NC	28560-7520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Coastal Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Matthew M Jaksha		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 1717 Country Club Ave		Transaction ID: 8547286
City	State	Zip Code
Omaha	NE	68104-5020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Radiology Consultants, PC	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
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 27 / 35	
	(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 Gregory R Weaver		Date of Receipt M / D / Y 07 / 28 / 2008
Mailing Address 210 25th Ave N Ste 802		Transaction ID: 8540061
City	State	Zip Code
Nashville	TN	37203-1869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Alliance	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	20960.67

**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 / 35	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Vanguard Group		Date of Receipt M / D / Y 07 / 31 / 2003
Mailing Address PD Box 7800		Transaction ID: 8571035
City Philadelphia	State PA	Zip Code 19101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.26
Name of Employer	Occupation	Dividend Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1199.98	

SUBTOTAL of Receipts This Page (optional)	▶	176.26
TOTAL This Period (last page this line number only)	▶	176.26

**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 29 / 35	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Mark Foley For Congress			Transaction ID: B505779 Date of Disbursement 07 / 02 / 2003		
Mailing Address 1318 Lake Victoria Dr 1318 Lake Victoria Dr			Amount of Each Disbursement this Period 1000.00		
City Lake Worth	State FL	Zip Code 33461			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Rep. Mark Foley					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: FL District 16			

Full Name (Last, First, Middle Initial) B. Sue Myrick For Congress			Transaction ID: B379880 Date of Disbursement 07 / 07 / 2003		
Mailing Address PO Box 37091			Amount of Each Disbursement this Period 2500.00		
City Charlotte	State NC	Zip Code 28237			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Congresswoman Sue Myrick					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: NC District 9			

Full Name (Last, First, Middle Initial) C. Hoosiers Supporting Buyer For Congress			Transaction ID: 8505791 Date of Disbursement 07 / 07 / 2003		
Mailing Address 200 North Main St PO Box 712			Amount of Each Disbursement this Period 1000.00		
City Mantichella	State IN	Zip Code 47960			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Congressman Steve Buyer					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: IN District 5			

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)				PAGE 30 / 35	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Ensign For Senate		Transaction ID: B505821 Date of Disbursement 07 / 09 / 2003		
Mailing Address 8917 Stafford Springs Drive		Amount of Each Disbursement this Period 2500.00		
City Las Vegas	State NV			Zip Code 89134
Purpose of Disbursement				011 Category/ Type
Candidate Name Sen. John Ensign				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec			
State: NV	District: 2			

Full Name (Last, First, Middle Initial) B. Grassley Committee		Transaction ID: B505757 Date of Disbursement 07 / 10 / 2003		
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 2500.00		
City Des Moines	State IA			Zip Code 50304
Purpose of Disbursement				011 Category/ Type
Candidate Name Sen. Charles Grassley				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec			
State: IA	District: 1			

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 8505835 Date of Disbursement 07 / 13 / 2003		
Mailing Address 430 South Capitol St, SE		Amount of Each Disbursement this Period 15000.00		
City Washington	State DC			Zip Code 20003
Purpose of Disbursement				011 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼			
State: District 0				

SUBTOTAL of Disbursements This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 35	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Burns For Congress		Transaction ID: B505854 Date of Disbursement 07 / 14 / 2003		
Mailing Address 113 Mims Street		Amount of Each Disbursement this Period 2000.00		
City Sylvania	State GA			Zip Code 30487
Purpose of Disbursement				011 Category/ Type
Candidate Name O Maxie Burns				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec			
State: GA	District: 12			

Full Name (Last, First, Middle Initial) B. Congressman Joe Barton Committee		Transaction ID: B505835 Date of Disbursement 07 / 15 / 2003		
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 1500.00		
City Ennis	State TX			Zip Code 75120
Purpose of Disbursement				011 Category/ Type
Candidate Name Rep. Joe Barton				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec			
State: TX	District: B			

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 8505879 Date of Disbursement 07 / 15 / 2003		
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00		
City Richmond	State VA			Zip Code 23226
Purpose of Disbursement				011 Category/ Type
Candidate Name Rep. Eric Cantor				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec			
State: VA	District: 7			

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)				PAGE 32 / 35	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Tom Delay Congressional Committee		Transaction ID: B505922 Date of Disbursement 07 / 15 / 2003	
Mailing Address 10707 Corporate Drive Suite 130		Amount of Each Disbursement this Period 5000.00	
City Stafford	State TX	Zip Code 77477	011 Category/ Type
Purpose of Disbursement		Candidate Name Rep. Tom DeLay	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec		
State: TX	District: 22		

Full Name (Last, First, Middle Initial) B. Mainstream America PAC		Transaction ID: B505982 Date of Disbursement 07 / 16 / 2003	
Mailing Address PO BOX 4287		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge	State LA	Zip Code 70821	011 Category/ Type
Purpose of Disbursement		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District: D		

Full Name (Last, First, Middle Initial) C. Pryce Project		Transaction ID: 8505962 Date of Disbursement 07 / 16 / 2003	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20036	011 Category/ Type
Purpose of Disbursement		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District: D		

SUBTOTAL of Disbursements This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 35	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. John Shadegg For Congress		Transaction ID: B505997 Date of Disbursement 07 / 22 / 2003	
Mailing Address P O Box 45444			
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Congressman John Shadegg			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: AZ District 4	

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Transaction ID: B508026 Date of Disbursement 07 / 24 / 2003	
Mailing Address 607 14th Street Nw Suite 800			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Congressman Sherrod Brown			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: OH District 13	

Full Name (Last, First, Middle Initial) C. Richard E Neal For Congress Committee		Transaction ID: 8508011 Date of Disbursement 07 / 24 / 2003	
Mailing Address 76 Magnolia Terrace			
City Springfield	State MA	Zip Code 01108	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Congressman Richard Neal			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	State: MA District 2	

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)

PAGE 34 / 35

<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. Peter Deutsch For Congress		Transaction ID: B506036 Date of Disbursement 07 / 24 / 2003
Mailing Address P. O. Box 817689 Unit 811		Amount of Each Disbursement this Period 1000.00
City Hollywood	State FL Zip Code 33081	
Purpose of Disbursement		
Candidate Name Rep. Peter Deutsch		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 US Primary Elec	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	41500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

<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		Transaction ID: B5748B0 Date of Disbursement 07 / 31 / 2003
Mailing Address PO Box 27025		Amount of Each Disbursement this Period 249.67
City Richmond	State VA	
Zip Code 23201	Purpose of Disbursement Credit card processing fees	001 Category/ Type
Candidate Name	Candidate Name	
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼	Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)	▶	249.67
TOTAL This Period (last page this line number only)	▶	249.67