

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 07 01 2008 through 07 31 2008

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 08 20 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		398231.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	204503.61									
(c) Total Receipts (from Line 19)	33513.39	564321.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	238017.00	962552.84								
7. Total Disbursements (from Line 31)	41265.82	765801.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	196751.18	196751.18								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	28944.20	481221.74
(i) Itemized (use Schedule A)	4091.38	78597.50
(ii) Unitemized	33035.58	559819.24
(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)	33035.58	559819.24
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.)	477.81	4502.21
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))	33513.39	564321.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33513.39	564321.45

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	4121.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	4121.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	752000.00
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.....	265.82	9680.66
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))..	41265.82	765801.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41265.82	765801.66

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	33035.58	559819.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33035.58	559819.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4121.00
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	4121.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 84
(check only one)

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

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

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

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

Mailing Address 7101 E Berneil Ln

City Paradise Valley State AZ Zip Code 85253-1973

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 07 / 01 / 2008

Transaction ID: 25293233

Amount of Each Receipt this Period: 225.00

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

Mailing Address 9477 E Shangri LA Rd

City Scottsdale State AZ Zip Code 85260-6143

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

Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 01 / 2008

Transaction ID: 25293234

Amount of Each Receipt this Period: 150.00

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

Mailing Address 19621 N 96th Pl

City Scottsdale State AZ Zip Code 85255-6668

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

Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 07 / 01 / 2008

Transaction ID: 25293235

Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► 495.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 84
(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. Mark Keiper		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address Scottsdale Medical Imaging 3501 N Scottsdale Rd Ste 130		Transaction ID: 25293236
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Southwest Diagnostic Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Terry Reeves		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 10537 E Sunnyside Dr		Transaction ID: 25293238
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Mark Kuo		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 13026 E Turquoise Ave		Transaction ID: 25293239
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 84
(check only one)	
<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

A.	Full Name (Last, First, Middle Initial) Dr. William Horsley	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address Scottsdale Medical Imaging Ltd 3501 N Scottsdale Rd Ste 130	Transaction ID: 25293240
	City Scottsdale	State AZ
	Zip Code 85251-5649	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Dr. Rodney Owen	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 9122 N 60th St	Transaction ID: 25293242
	City Paradise Valley	State AZ
	Zip Code 85253-1735	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Scottsdale Medical Imaging	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. James Jelinek	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address Washington Hospital Center 110 Irving St NW BA94	Transaction ID: 25386590
	City Washington	State DC
	Zip Code 20010-2975	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center Radiology	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	495.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 84
	<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. Daniel Schwartzberg	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 1250 McLynn Ave NE	Transaction ID: 25386616
	City State Zip Code Atlanta GA 30306-2530	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Baptist Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00

B.	Full Name (Last, First, Middle Initial) Dr. David Pennes	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address Apt 303 2059 E Wyndham Hill Dr NE	Transaction ID: 25386617
	City State Zip Code Grand Rapids MI 49505-6358	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Radiology Services Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Dr. Steven Westgate	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address Ellis Fischel Cancer Center 115 Business Loop 70 W	Transaction ID: 25386618
	City State Zip Code Columbia MO 65203-3299	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ellis Fischel Cancer Center Occupation Radiation Oncologist 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)	▶	1405.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 84

(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. George Erbacher

Mailing Address 3211 West 73rd St

City State Zip Code
Tulsa OK 74132-2206

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

Name of Employer Diagnostic Imaging Associates Inc. Occupation Interventional Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2008

Transaction ID: 25386619

Amount of Each Receipt this Period

365.00

B.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 538.44

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 25399680

Amount of Each Receipt this Period

38.46

C.

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

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 538.44

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 25399681

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional) ▶

441.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 84		
	<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. Robert Krugman	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 10 Lexington Ct	Transaction ID: 25399682
	City State Zip Code Englewood NJ 07631-3081	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 538.44	

B.	Full Name (Last, First, Middle Initial) Dr. Joel Budin	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 140 Chestnut St	Transaction ID: 25399683
	City State Zip Code Englewood NJ 07631-3033	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 538.44	

C.	Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 124 W 60th St Apt 45	Transaction ID: 25399684
	City State Zip Code New York NY 10023-7451	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 538.44	

SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 84
(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. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 08 / 2008

Transaction ID: 25399719

Amount of Each Receipt this Period 38.46

B.

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

Mailing Address 50 W 72nd St Apt 1509

City New York State NY Zip Code 10023-4132

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 08 / 2008

Transaction ID: 25399720

Amount of Each Receipt this Period 38.46

C.

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

Mailing Address 18 Baldwin Rd

City Saddle River State NJ Zip Code 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 08 / 2008

Transaction ID: 25399721

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 84
(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. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399722

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399723

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399724

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 84
(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. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399725

Amount of Each Receipt this Period
38.46

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

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399726

Amount of Each Receipt this Period
38.46

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

Mailing Address 47-30 Vernon Blvd Unit 1R

City State Zip Code
Long Island City NY 11101-5546

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25399727

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 84
	<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. Mitchell Miller		Date of Receipt
	Mailing Address 2 Constitution Ct Apt 1009		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hoboken	NJ	07030-6730
	FEC ID number of contributing federal political committee. C		Transaction ID: 25399729
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="903.44"/>	<input type="text" value="38.46"/>

B.	Full Name (Last, First, Middle Initial) Dr. William Kim		Date of Receipt
	Mailing Address 405 Golf Course Dr		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leonia	NJ	07605-1415
	FEC ID number of contributing federal political committee. C		Transaction ID: 25399731
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	<input type="text" value="19.23"/>

C.	Full Name (Last, First, Middle Initial) Dr. Clement Yang		Date of Receipt
	Mailing Address 555 W 59th St Apt 19E		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10019-1006
	FEC ID number of contributing federal political committee. C		Transaction ID: 25399732
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	<input type="text" value="19.23"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="76.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Margaret Emy
Mailing Address 245 Oxford Dr
City Tenafly State NJ Zip Code 07670-3117
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99
Date of Receipt 07 / 08 / 2008
Transaction ID: 25399733
Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Dr. Sunitha Sunkavalli
Mailing Address 943 High Mountain Rd
City Franklin Lakes State NJ Zip Code 07417-1619
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99
Date of Receipt 07 / 08 / 2008
Transaction ID: 25399734
Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Nicola
Mailing Address 101 W End Ave Apt 16H
City New York State NY Zip Code 10023-6337
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99
Date of Receipt 07 / 08 / 2008
Transaction ID: 25399791
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 84
	<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. Gail Starr	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address Hackensack University Med Ctr 20 Prospect Ave Ste 513	Transaction ID: 25399792
	City Hackensack State NJ Zip Code 07601-1962	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99	

B.	Full Name (Last, First, Middle Initial) Dr. Dennis Nesbit	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 2716 Country Club Dr	Transaction ID: 25399793
	City Rapid City State SD Zip Code 57702-5215	Amount of Each Receipt this Period 597.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 597.92	

C.	Full Name (Last, First, Middle Initial) Dr. Leo Flynn	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 5625 Blue Stem Ct	Transaction ID: 25399794
	City Rapid City State SD Zip Code 57702-8990	Amount of Each Receipt this Period 597.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ of OK Hlth Sci Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 597.92	

SUBTOTAL of Receipts This Page (optional)	1215.07
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Saffell

Mailing Address 3981 Forest Park Cir

City State Zip Code
Rapid City SD 57702-6927

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 597.92

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 25399795

Amount of Each Receipt this Period
597.92

B. Full Name (Last, First, Middle Initial)
Dr. Thomas Habbe

Mailing Address 13891 Clydesdale Rd

City State Zip Code
Rapid City SD 57702-7339

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 597.92

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 25399869

Amount of Each Receipt this Period
597.92

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

Mailing Address 9151 Clarkson Rd

City State Zip Code
Rapid City SD 57702-9193

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 597.92

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 25399871

Amount of Each Receipt this Period
597.92

SUBTOTAL of Receipts This Page (optional) ► **1793.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 84
	<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. Ronald Baxter		Date of Receipt
	Mailing Address Radiology Associates 716 Quincy St		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57701-3632
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25399872
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.92"/>	<input type="text" value="597.92"/>

B.	Full Name (Last, First, Middle Initial) Dr. Rebecca Belsaas		Date of Receipt
	Mailing Address 5980 Wildwood Dr		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57702-8818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25399873
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.92"/>	<input type="text" value="597.92"/>

C.	Full Name (Last, First, Middle Initial) Dr. Robert Durst, JR		Date of Receipt
	Mailing Address 3840 Ponderosa Ct		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57702-6964
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25399875
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.92"/>	<input type="text" value="597.92"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1793.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 84
	<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. Timothy Frost		Date of Receipt
	Mailing Address 7660 Elkhart Rd		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57702-4793
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25400250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.91"/>	<input type="text" value="597.91"/>

B.	Full Name (Last, First, Middle Initial) Dr. Janet Shaefer		Date of Receipt
	Mailing Address PO Box 1574		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57709-1574
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25400251
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.91"/>	<input type="text" value="597.91"/>

C.	Full Name (Last, First, Middle Initial) Dr. Jon Stenberg		Date of Receipt
	Mailing Address 403 N Berry Pine Road		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57702-1856
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Radiology Associates		Occupation Diagnostic Radiologist	Transaction ID: 25400254
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="597.91"/>	<input type="text" value="597.91"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1793.73"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 84
(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. William Zavitz

Mailing Address 3980 Corral Dr

City State Zip Code
Rapid City SD 57702-9283

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

Name of Employer Radiology Associates, LLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.91

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: 25400256

Amount of Each Receipt this Period
600.91

B.

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

Mailing Address 3822 Colby Ave

City State Zip Code
Everett WA 98201-4913

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

Name of Employer Radiology Assoc Inc PS Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419027

Amount of Each Receipt this Period
140.00

C.

Full Name (Last, First, Middle Initial)
Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City State Zip Code
Woodinville WA 98072-6405

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

Name of Employer Radia, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419028

Amount of Each Receipt this Period
224.00

SUBTOTAL of Receipts This Page (optional) ► **964.91**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 84
	<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. Joseph DeMartini	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address PO Box 85398	Transaction ID: 25419029
	City State Zip Code Seattle WA 98145-1398	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Virginia Eschbach	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 2410 141St PI SE	Transaction ID: 25419030
	City State Zip Code Mill Creek WA 98012-1336	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Radia, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1610.00	

C.	Full Name (Last, First, Middle Initial) Dr. Mark Mayhle	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 907 14th Ave E	Transaction ID: 25419031
	City State Zip Code Seattle WA 98112-3903	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Radia Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	840.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Robinson

Mailing Address Radia
728 134th St SW Ste 120

City State Zip Code
Everett WA 98204-5322

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

Name of Employer Occupation
Puget Sound Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419033

Amount of Each Receipt this Period
175.00

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

Mailing Address 4705 220th St SW

City State Zip Code
Mountlake Terrace WA 98043-4052

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419034

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Dr. Pedro Vieco

Mailing Address 13911 185th Ct NE

City State Zip Code
Woodinville WA 98072-6588

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419035

Amount of Each Receipt this Period
1750.00

SUBTOTAL of Receipts This Page (optional) ► **2275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 84
(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. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City State Zip Code
Clinton WA 98236-9768

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419036

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 721 N 82nd St

City State Zip Code
Seattle WA 98103-4319

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

Name of Employer Occupation
Radia, Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419037

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2008

Transaction ID: 25419038

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **640.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Carl Bailey, JR
Mailing Address 710 Bunkers Cove Rd
City State Zip Code
Panama City FL 32401-3920
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8
Transaction ID: 25436922
Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue
Mailing Address 3943 Indian Springs Rd
City State Zip Code
Panama City FL 32404-5794
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bay Radiology Associates, P.A. Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8
Transaction ID: 25436923
Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Presser
Mailing Address 706 Bunkers Cove Rd
City State Zip Code
Panama City FL 32401-3920
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bay Radiology Associates, P.A. Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8
Transaction ID: 25436924
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City Panama City State FL Zip Code 32402-1770

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 25436926

Amount of Each Receipt this Period 200.00

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

Mailing Address 2818 Canal Dr

City Panama City State FL Zip Code 32405-1610

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 25436927

Amount of Each Receipt this Period 200.00

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

Mailing Address Crozer Chester Medical Center
1 Medical Center Blvd

City Upland State PA Zip Code 19013-3995

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

Name of Employer Southeast Radiology Ltd. Occupation Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 15 / 2008

Transaction ID: 25451422

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **765.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 84
(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. Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City State Zip Code
Huntsville AL 35801-2260

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

Name of Employer
Radiology Associates of Huntsville

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 25451524

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carl D'Orsi

Mailing Address Emory University Hospital
1701 Uppergate Dr 1st Fl C1104

City State Zip Code
Atlanta GA 30322-0001

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

Name of Employer
Emory University Hospital

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.75

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 25451551

Amount of Each Receipt this Period
91.25

C.

Full Name (Last, First, Middle Initial)
Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-5021

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

Name of Employer
Cleveland Clinic Foundati-on

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 25452669

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ▶ **631.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 84
(check only one)

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

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

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

A.

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

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452670
 Amount of Each Receipt this Period: 42.00

B.

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

Mailing Address 2117 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3649

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

Name of Employer Greenville Radiology, PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452671
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 5624 Laurium Rd

City Charlotte State NC Zip Code 28226-5610

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452673
 Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ► **137.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 84
(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. Robert Newman

Mailing Address 913 Southview PI NE

City Lenoir State NC Zip Code 28645-3755

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

Name of Employer Lenoir Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452779
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 144 Penhurst Dr

City Pittsburgh State PA Zip Code 15235-5320

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

Name of Employer Greensburg X-Ray Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452780
 Amount of Each Receipt this Period: 30.42

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

Mailing Address 8729 Valentine Ct

City Raleigh State NC Zip Code 27615-5830

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 25452782
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 84
	(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. Jeffrey Jaindl		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address 939 Quarter Round Road		Transaction ID: 25452783		
	City Pacolet	State SC	Zip Code 29372-3516	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Greenville 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 ▼ 700.00			

B.	Full Name (Last, First, Middle Initial) Dr. Stephen Agatston		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address 3206 Saint Johns Dr		Transaction ID: 25452784		
	City Dallas	State TX	Zip Code 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 ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Dr. Linda Gray		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address 3325 Granville Dr		Transaction ID: 25452847		
	City Raleigh	State NC	Zip Code 27609-6923	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Greenville 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 ▼ 280.00			

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address Rad Assoc of Biirmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 25452849
City Birmingham	State AL	Zip Code 35216-2152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rad Assoc of Biirmingham PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kent Lancaster		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address Radiology Associates of Berrien 416 State St Ste A		Transaction ID: 25452851
City Saint Joseph	State MI	Zip Code 49085-1250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
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 ▼ 294.00	

C.

Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address 4333 Bell Rd Unit 1514		Transaction ID: 25452852
City Newburgh	State IN	Zip Code 47630-8168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	202.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 84

(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. 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 ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: 25452914

Amount of Each Receipt this Period

42.00

B.

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 Occupation
St Joseph Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: 25452916

Amount of Each Receipt this Period

41.67

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 Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: 25452917

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 84
	<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. H E. Longmaid, III	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 52 Harwich Rd	Transaction ID: 25452918
	City State Zip Code Chestnut Hill MA 02467-3023	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Deaconess Hospital Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

B.	Full Name (Last, First, Middle Initial) Dr. Demetrius Morros	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 7418 Ridgecrest Court Rd	Transaction ID: 25452975
	City State Zip Code Birmingham AL 35242-0525	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Birmingham Radiological Group P.C. Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd	Transaction ID: 25452977
	City State Zip Code Warren MI 48093-3494	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diagnostic Radiology Consultants, PC Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	165.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 84
(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. William Deeter, III

Mailing Address 14 Ryedale Ct

City Greenville State SC Zip Code 29615-6037

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

Name of Employer Greenville Radiology Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 15 / 2008
Transaction ID: 25452978
 Amount of Each Receipt this Period 41.67

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

Mailing Address 12103 Woodcliff Ln

City Charlotte State NC Zip Code 28277-3033

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 ▼ 280.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 25453032
 Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City Charlotte State NC Zip Code 28277-2593

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 25453033
 Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► **123.67**

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

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

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

FOR LINE NUMBER: PAGE 35 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 As-associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 25453034

Amount of Each Receipt this Period
40.00

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

Mailing Address 1210 Page Ter

City State Zip Code
Villanova PA 19085-2132

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 25453035

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald Hublall

Mailing Address 11715 Mackey St

City State Zip Code
Overland Park KS 66210-1933

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

Name of Employer Occupation
Hublall Radiology, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2008

Transaction ID: 25643049

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **390.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 84

(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. Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5494

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

Name of Employer Occupation
Gundersen Lutheran Clinic Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: 25644006

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)
Dr. Leonard Sisk

Mailing Address 4140 Apollo Dr

City State Zip Code
Anchorage AK 99504-4511

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 25656841

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code
New York NY 10023-4132

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 25665496

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

1121.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 84
	<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. Hiten Magan Malde	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 7 Kinkaid Ave	Transaction ID: 25665497
	City State Zip Code Closter NJ 07624-2908	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

B.	Full Name (Last, First, Middle Initial) Dr. George Joseph Ferrone	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 440 E 62nd St Apt 18F	Transaction ID: 25665498
	City State Zip Code New York NY 10065-8345	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

C.	Full Name (Last, First, Middle Initial) Dr. Sean D. Pierce	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 47-30 Vernon Blvd Unit 1R	Transaction ID: 25665499
	City State Zip Code Long Island City NY 11101-5546	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 84
(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. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City Hoboken State NJ Zip Code 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 941.90

Date of Receipt 07 / 30 / 2008

Transaction ID: 25665500

Amount of Each Receipt this Period 38.46

B.

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

Mailing Address 3 Ware Rd

City Upper Saddle River State NJ Zip Code 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 30 / 2008

Transaction ID: 25665503

Amount of Each Receipt this Period 38.46

C.

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 30 / 2008

Transaction ID: 25665504

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 84
	<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. Andrew Osiason	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 506 Julie Ct	Transaction ID: 25665505
	City State Zip Code Wyckoff NJ 07481-1101	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

B.	Full Name (Last, First, Middle Initial) Dr. Robert Krugman	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 10 Lexington Ct	Transaction ID: 25665506
	City State Zip Code Englewood NJ 07631-3081	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

C.	Full Name (Last, First, Middle Initial) Dr. Joel Budin	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 140 Chestnut St	Transaction ID: 25665507
	City State Zip Code Englewood NJ 07631-3033	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 84
(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. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665509

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665510

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665511

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 84
(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. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665512

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665513

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665521

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **96.15**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 84
(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. William Kim		Date of Receipt MM / DD / YYYY 07 / 30 / 2008		
	Mailing Address 405 Golf Course Dr		Transaction ID: 25665523		
	City Leonia	State NJ	Zip Code 07605-1415	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22			

B.	Full Name (Last, First, Middle Initial) Dr. Clement Yang		Date of Receipt MM / DD / YYYY 07 / 30 / 2008		
	Mailing Address 555 W 59th St Apt 19E		Transaction ID: 25665524		
	City New York	State NY	Zip Code 10019-1006	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22			

C.	Full Name (Last, First, Middle Initial) Dr. Margaret Emy		Date of Receipt MM / DD / YYYY 07 / 30 / 2008		
	Mailing Address 245 Oxford Dr		Transaction ID: 25665525		
	City Tenafly	State NJ	Zip Code 07670-3117	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22			

SUBTOTAL of Receipts This Page (optional)	57.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 84
	<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. Gregory Nicola		Date of Receipt
	Mailing Address 101 W End Ave Apt 16H		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2008
	City	State	Zip Code
	New York	NY	10023-6337
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665534
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22	<input type="text"/> 19.23

B.	Full Name (Last, First, Middle Initial) Dr. Gail Starr		Date of Receipt
	Mailing Address Hackensack University Med Ctr 20 Prospect Ave Ste 513		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2008
	City	State	Zip Code
	Hackensack	NJ	07601-1962
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665535
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22	<input type="text"/> 19.23

C.	Full Name (Last, First, Middle Initial) Dr. Janet Storella		Date of Receipt
	Mailing Address 6515 Fallwind Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2008
	City	State	Zip Code
	Bethesda	MD	20817-4941
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665536
Name of Employer Drs Grover, Christie & Merritt		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 78.46
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 84
(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. Stephen Chang

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 200

City State Zip Code
Mesa AZ 85204-5045

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665537

Amount of Each Receipt this Period
120.00

B.

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

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 200

City State Zip Code
Mesa AZ 85204-5045

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665538

Amount of Each Receipt this Period
120.00

C.

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

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665558

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 84

(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. Stephen Hu

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665559

Amount of Each Receipt this Period

120.00

B.

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

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665560

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Dr. L Michelle Jennings

Mailing Address 2661 W Erie St

City State Zip Code
Chandler AZ 85224-4153

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665561

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional) ▶

360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 84
(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. Asim Khwaja		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200		Transaction ID: 25665562
City Mesa	State AZ	
Zip Code 85204-5045		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.

Full Name (Last, First, Middle Initial) Dr. Mark Madsen		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 9770 E Mission Ln		Transaction ID: 25665563
City Scottsdale	State AZ	
Zip Code 85258-5619		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.

Full Name (Last, First, Middle Initial) Dr. John McGill		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 9318 E Flathorn Dr		Transaction ID: 25665564
City Scottsdale	State AZ	
Zip Code 85255-6607		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 84
(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. Joel Rainwater		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 9820 E Thompson Peak Pkwy Unit 828		Transaction ID: 25665565
City Scottsdale	State AZ	Zip Code 85255-6663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.

Full Name (Last, First, Middle Initial) Dr. Brent Saunders		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 25665566
City Mesa	State AZ	Zip Code 85204-5046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.

Full Name (Last, First, Middle Initial) Dr. Joel Schein		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		Transaction ID: 25665567
City Mesa	State AZ	Zip Code 85204-5046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 84
(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. Mari Schenk

Mailing Address 15114 E Ridgeway Dr

City State Zip Code
Fountain Hills AZ 85268-4842

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665569

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Dr. Marvin Silvey

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665570

Amount of Each Receipt this Period
120.00

C.

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

Mailing Address 9664 E Davenport Dr

City State Zip Code
Scottsdale AZ 85260-1426

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665571

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 390.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 84
(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. Elizabeth Brooke Spencer

Mailing Address 26555 N 86th St

City State Zip Code
Scottsdale AZ 85255-1460

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665572

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Dr. Marvin Tam

Mailing Address Associated Radiologists LTD
1125 E Southern Ave Ste 200

City State Zip Code
Mesa AZ 85204-5045

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665573

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Dr. Thuy Vo

Mailing Address East Valley Diagnostic Imaging
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

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

Name of Employer Occupation
EVDI Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665578

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 84

(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. Harold Walker		Date of Receipt
	Mailing Address 16420 E Houston Avenue		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gilbert	AZ	85234-4024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EVDI Medical Imaging		Occupation Diagnostic Radiologist	Transaction ID: 25665579
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="380.00"/>	<input type="text" value="120.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Stephanie Wang		Date of Receipt
	Mailing Address 3415 E Harvard Ave		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gilbert	AZ	85234-2220
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EVDI Medical Imaging		Occupation Diagnostic Radiologist	Transaction ID: 25665580
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="380.00"/>	<input type="text" value="120.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Marc Weinstein		Date of Receipt
	Mailing Address 8379 E Tailfeather Dr		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Scottsdale	AZ	85255-6459
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EVDI Medical Imaging		Occupation Diagnostic Radiologist	Transaction ID: 25665581
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="285.00"/>	<input type="text" value="90.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 84
(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. Stephen I. Abedon

Mailing Address 222 West 39th Avenue

City State Zip Code
San Mateo CA 94403-4364

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665582

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Dr. Diana Baker

Mailing Address 335 Ambar Way

City State Zip Code
Menlo Park CA 94025-5801

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665585

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edward Baker

Mailing Address California Pacific Medical Ctr
PO Box 7999

City State Zip Code
San Francisco CA 94120-7999

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665586

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kelly Broderick

Mailing Address 2840 Mariposa Dr

City State Zip Code
Burlingame CA 94010-5735

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

Name of Employer California Advanced Imaging, M.A. Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665587

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Dr. Vincent Burke

Mailing Address Sequoia Hospital
170 Alameda de las Pulgas

City State Zip Code
Redwood City CA 94062-2799

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665588

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Dr. Vida Campbell

Mailing Address 2539 Vallejo St

City State Zip Code
San Francisco CA 94123-4640

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665589

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 84
(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. Daryl Chinn

Mailing Address 115 Kreuzer Ln

City State Zip Code
Napa CA 94559-3605

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665591

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 126 Terrace Ave

City State Zip Code
Kentfield CA 94904-1531

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665592

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Dr. Susan Denny

Mailing Address 402 Median Way

City State Zip Code
Mill Valley CA 94941-3561

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

Name of Employer
California Advanced Imaging Medical As

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: 25665593

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 84
(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. Russell Fritz

Mailing Address 487 Green Glen Way

City State Zip Code
Mill Valley CA 94941-4018

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665594

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 817 Lathrop Dr

City State Zip Code
Stanford CA 94305-1054

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

Name of Employer California Advanced Imaging Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665595

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 850 Chiltern Rd

City State Zip Code
Hillsborough CA 94010-7028

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665597

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 84

(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. Jay Kaiser

Mailing Address CA Advanced Imaging Med Assoc Inc
1260 S Eliseo Dr

City State Zip Code
Greenbrae CA 94904-2009

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

Name of Employer Occupation
California Advanced Imaging Medical As 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
07 / 30 / 2008

Transaction ID: 25665598

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ralph Koenker

Mailing Address PO Box 6102

City State Zip Code
Novato CA 94948-6102

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

Name of Employer Occupation
California Advanced Imaging Medical As 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
07 / 30 / 2008

Transaction ID: 25665599

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur Li

Mailing Address 4133 Donald Dr

City State Zip Code
Palo Alto CA 94306-3823

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

Name of Employer Occupation
Johns Hopkins Hosp-Johns Hopkins 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
07 / 30 / 2008

Transaction ID: 25665600

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

225.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Lim

Mailing Address 1552 Los Montes Dr

City State Zip Code
Burlingame CA 94010-5964

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 8

Transaction ID: 25665601

Amount of Each Receipt this Period
75.00

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

Mailing Address 2151 Laguna St Apt 3

City State Zip Code
San Francisco CA 94115-2332

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

Name of Employer California Advanced Imaging Medical As
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 8

Transaction ID: 25665604

Amount of Each Receipt this Period
75.00

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

Mailing Address 503 Georgetown Ave

City State Zip Code
San Mateo CA 94402-2253

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

Name of Employer California Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 8

Transaction ID: 25665605

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kathleen McKenna

Mailing Address 154 Gramercy Dr

City State Zip Code
San Mateo CA 94402-1215

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665607

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Dr. Kirk Moon, JR

Mailing Address 1642 16th Ave

City State Zip Code
San Francisco CA 94122-3527

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665611

Amount of Each Receipt this Period
75.00

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

Mailing Address 22 Balclutha Dr

City State Zip Code
Corte Madera CA 94925-1944

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

Name of Employer California Advanced Imaging Medical As Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: 25665612

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 84
(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. Dennis Orwig		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 25 Wolfe Glen Way		Transaction ID: 25665613
City Kentfield	State CA	Zip Code 94904-1004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Dr. Allen Oshita		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address California Pacific Medical Ctr PO Box 7999		Transaction ID: 25665614
City San Francisco	State CA	Zip Code 94120-7999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Dr. Damon Sacco		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 105 Santa Rosa Ave		Transaction ID: 25665615
City Sausalito	State CA	Zip Code 94965-2049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 84
	<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. Jay Scheikowitz		Date of Receipt
	Mailing Address 1465 Crystal Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2008
	City Hillsborough	State CA	Zip Code 94010-7309
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665616
	Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist		Amount of Each Receipt this Period <input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

B.	Full Name (Last, First, Middle Initial) Dr. John Schrupf		Date of Receipt
	Mailing Address 61 Chanticleer St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2008
	City Larkspur	State CA	Zip Code 94939-1515
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665617
	Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist		Amount of Each Receipt this Period <input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

C.	Full Name (Last, First, Middle Initial) Dr. William Stephenson		Date of Receipt
	Mailing Address 815 Vista Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2008
	City Hillsborough	State CA	Zip Code 94010-6965
	FEC ID number of contributing federal political committee. C		Transaction ID: 25665618
	Name of Employer California Advanced Imaging Occupation Diagnostic Radiologist		Amount of Each Receipt this Period <input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 84
(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. Susan Stevens		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 1040 Bridle Way		Transaction ID: 25665619
City Hillsborough	State CA	Zip Code 94010-7406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Cal Advanced Imaging Med. Assoc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Dr. Richard Wheat		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address Sequoia Hospital 170 Alameda De Las Pulgas		Transaction ID: 25665620
City Redwood City	State CA	Zip Code 94062-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Dr. John Wilson, JR		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 15 Arcadia Pl		Transaction ID: 25665622
City Hillsborough	State CA	Zip Code 94010-7010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer California Advanced Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 84

(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. Christopher Yoo

Mailing Address 180 Manchester St

City State Zip Code
San Francisco CA 94110-5217

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

Name of Employer Occupation
California Advanced Imaging Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 25665623

Amount of Each Receipt this Period

75.00

B.

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

Mailing Address Radiology Associates of Mobile
6576 Airport Blvd Bldg C Ste 2

City State Zip Code
Mobile AL 36608-3786

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

Name of Employer Occupation
Radiology Associates of Mobile Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: 25669539

Amount of Each Receipt this Period

182.50

C.

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

Mailing Address 3090 Yorktown Dr

City State Zip Code
Tuscaloosa AL 35406-2713

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

Name of Employer Occupation
The Radiology Clinic Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: 25673882

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

507.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 84
	<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. Bill Warren	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address UWMC Box 357115	Transaction ID: 25673884
	City State Zip Code Seattle WA 98195-7115	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Washington Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Judy Greene	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7104 Hunters Crk	Transaction ID: 25673885
	City State Zip Code Dayton OH 45459-3466	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kettering Network Radiologists Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael George	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1620 John St S	Transaction ID: 25673886
	City State Zip Code Salem OR 97302-5110	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Univ of Iowa Hospitals & Clinics Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 84

(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. William Herrington

Mailing Address 1110 Laurel Pl

City State Zip Code
Athens GA 30606-5789

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

Name of Employer Occupation
Athens Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1875.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 25673887

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City State Zip Code
Middleton WI 53562-2912

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

Name of Employer Occupation
Madison Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.75

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 25673925

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City State Zip Code
Greensboro NC 27455-3423

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

Name of Employer Occupation
Greensboro Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 25675181

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

776.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City Pittsburgh State PA Zip Code 15206-3780

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

Name of Employer Weinstein Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675183
Amount of Each Receipt this Period 166.67

B. Full Name (Last, First, Middle Initial)
Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City Williamsville State NY Zip Code 14221-1984

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

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675184
Amount of Each Receipt this Period 50.00

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 ▼ 294.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675185
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ▶ 258.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 84
	(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. Jeffrey Potter		Date of Receipt
	Mailing Address 1803 Bloomsbury Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Greenville	NC	27858-9617
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675230
Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="40.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Edward Sullivan, III		Date of Receipt
	Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Birmingham	AL	35216-2153
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675232
Name of Employer Radiology Associates of Birmingham		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="40.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Stuart Moses		Date of Receipt
	Mailing Address 14 Timber Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	North Caldwell	NJ	07006-4406
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675233
Name of Employer Self-employed		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="40.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 84
	(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. William Veazey	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address Greensboro Radiology PA 1317 N Elm St Ste 1B	Transaction ID: 25675235
	City Greensboro State NC Zip Code 27415-1023	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Greensboro Radiology Assoc PA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Bruce Schroeder	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 738 Lexington Dr	Transaction ID: 25675279
	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	

C.	Full Name (Last, First, Middle Initial) Dr. Mary Pomeroy	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2625 Rolling Hills Dr	Transaction ID: 25675280
	City Monroe State NC Zip Code 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 ▼ 294.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 25675281

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 25675282

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 25675396

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 84

(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. James Rawson		Date of Receipt																				
	Mailing Address Medical College of Georgia 1120 15th St BA1414		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	1		2	0	0	8													
	City	State	Zip Code																				
	Augusta	GA	30912-0006																				
FEC ID number of contributing federal political committee.		Transaction ID: 25675397																					
C		Amount of Each Receipt this Period																					
		125.00																					
Name of Employer Medical College of Georgia		Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		375.00																					

B.	Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR		Date of Receipt																				
	Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	1		2	0	0	8													
	City	State	Zip Code																				
	Alexandria	LA	71301-3606																				
FEC ID number of contributing federal political committee.		Transaction ID: 25675398																					
C		Amount of Each Receipt this Period																					
		83.34																					
Name of Employer Central LA Imaging Inc.		Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		583.38																					

C.	Full Name (Last, First, Middle Initial) Dr. Roger Thomas		Date of Receipt																				
	Mailing Address 1636 Anita Ln		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	1		2	0	0	8													
	City	State	Zip Code																				
	Newport Beach	CA	92660-4804																				
FEC ID number of contributing federal political committee.		Transaction ID: 25675399																					
C		Amount of Each Receipt this Period																					
		60.00																					
Name of Employer Newport Harbor Radiology		Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		222.00																					

SUBTOTAL of Receipts This Page (optional)	▶	268.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 84
(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. Joel Wissing		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 25675449
City Charlotte	State NC	Zip Code 28236-6937
FEC ID number of contributing federal political committee. C		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 ▼ 280.00	

B.

Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address Univ of Colorado Hlth Sci Ctr 12401 E 17th Ave, Leprine Bldg Rm		Transaction ID: 25675453
City Aurora	State CO	Zip Code 80045-7155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Univ of Texas Hlth Sci Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

C.

Full Name (Last, First, Middle Initial) Dr. Mark Alson		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 6641 N Forkner Ave		Transaction ID: 25675455
City Fresno	State CA	Zip Code 93711-1326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Sierra Imaging Associates	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)	173.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 84
	<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 Way, JR	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7713 Oakmont PI	Transaction ID: 25675456
	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 ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael McLaughlin	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address Eastern Radiologists Inc 9 Doctor's Park	Transaction ID: 25675494
	City Greenville State NC Zip Code 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 ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Dr. Roger Vithalani	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 516 Chesapeake Place	Transaction ID: 25675495
	City Greenville State NC Zip Code 27858-0678	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Eastern Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 84
	(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. Steven Olson		Date of Receipt
	Mailing Address 3 Captains Pt		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Greensboro	NC	27455-3430
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675496
Name of Employer Greensboro Radiology		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) Dr. Ira Adler		Date of Receipt
	Mailing Address 1811 Bloomsbury Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Greenville	NC	27858-9617
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675539
Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Dr. Aloyzas Pakalniskis		Date of Receipt
	Mailing Address 1619 Kaimi Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Naperville	IL	60563-1497
	FEC ID number of contributing federal political committee. C		Transaction ID: 25675541
Name of Employer Elmhurst Radiologists		Occupation Diagnostic Radiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 212.94	<input type="text"/> 30.42

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.42
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 72 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jr., M.D. Charles Schranck

Mailing Address 75 Fairmount Dr., North

City Alton State IL Zip Code 62002-3207

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

Name of Employer Midwest Radiological Associates, P.C. Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 25675542

Amount of Each Receipt this Period 42.00

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

Mailing Address 3219 Old Oak Walk

City Greenville State NC Zip Code 27858-8441

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 ▼ 294.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 25675543

Amount of Each Receipt this Period 42.00

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

Mailing Address 9 Old Sudbury Rd

City Lincoln State MA Zip Code 01773-4807

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

Name of Employer The Imaging Institute Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2008

Transaction ID: 25675588

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► 167.34

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

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

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

FOR LINE NUMBER: PAGE 73 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City Santa Ana State CA Zip Code 92705-3509

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

Name of Employer Santa Ana Tustin Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675589
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City Denver State CO Zip Code 80237-2979

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

Name of Employer Radiology Imaging Association Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675590
 Amount of Each Receipt this Period 30.42

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

Mailing Address 1480 Brookfield Road

City Yardley State PA Zip Code 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 ▼ 280.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 25675591
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 84
(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. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
Cheyenne WY 82009-1215

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

Name of Employer Occupation
Baylor College of Medicine Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 25675690

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 7109 Cove Pointe PI

City State Zip Code
Prospect KY 40059-9680

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

Name of Employer Occupation
Diag. Imaging Alliance of Louisville Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 25675691

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code
Birmingham AL 35213-3403

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

Name of Employer Occupation
Advanced Imaging Assoc of AL Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 25675692

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **182.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 84
	(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. Kerry Chandler		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 4100 Mullcroft PI		Transaction ID: 25675693
City Fuquay Varina	State NC	Zip Code 27526-8658
FEC ID number of contributing federal political committee. C	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 ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Dr. Karl Chiang		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address Eastern Radiologists Inc 9 Doctors Park		Transaction ID: 25675694
City Greenville	State NC	Zip Code 27834-2801
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Eastern Radiologists Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	28944.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 84	
	(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		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		Transaction ID: 25891570
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="477.81"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Interest
		<input type="text" value="4502.21"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="477.81"/>
TOTAL This Period (last page this line number only)	<input type="text" value="477.81"/>

**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

A.	Full Name (Last, First, Middle Initial) Freedom and Security PAC	Transaction ID: 25185535 Date of Disbursement
	Mailing Address 1117 Atwood Ct	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Shakopee State MN Zip Code 55379	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Freedom and Security PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate	Transaction ID: 25408704 Date of Disbursement
	Mailing Address PO Box 433	<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Sen. Pat Roberts	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Preserving America's Traditions (PAT PAC)	Transaction ID: 25419071 Date of Disbursement
	Mailing Address 610 S. BOULEVARD	<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Preserving America's Traditions (PAT PAC)	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
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)

<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.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	Transaction ID: 25420731 Date of Disbursement
	Mailing Address P.O. Box 2008	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Bart Gordon	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy Inc	Transaction ID: 25420733 Date of Disbursement
	Mailing Address P.O. Box 321	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Pawtucket State RI Zip Code 02862	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Patrick J. Kennedy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 25420734 Date of Disbursement
	Mailing Address PO Box 33027	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Seattle State WA Zip Code 98133	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jay Inslee	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address Post Office Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08</p>	<p>Transaction ID: 25420735 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Wolverine PAC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Wolverine PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 25420738 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18</p>	<p>Transaction ID: 25478427 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
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

A. Full Name (Last, First, Middle Initial)
Lincoln Davis For Congress

Mailing Address PO Box 350

City Jamestown State TN Zip Code 38556

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Lincoln Davis

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TN District: 04

Transaction ID: 25478513
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Snowe For Senate

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement 011 Category/Type

Candidate Name Sen. Olympia J. Snowe

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: ME District:

Transaction ID: 25665933
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Mailing Address 422 C Street Northeast Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement 011 Category/Type

Candidate Name Searchlight Leadership Fund

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

Transaction ID: 25665934
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

A.	Full Name (Last, First, Middle Initial) Mary Bono Committee	Transaction ID: 25665965 Date of Disbursement 07 / 22 / 2008
	Mailing Address P.O. Box 3370	
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Rep. Mary Bono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	Transaction ID: 25665966 Date of Disbursement 07 / 22 / 2008
	Mailing Address Post Office Box 470840	
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 1000.00
	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: 01	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 25665968 Date of Disbursement 07 / 23 / 2008
	Mailing Address 2021 E Dublin Granville Road Suite 2000	
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 82 / 84

<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.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 25666249 Date of Disbursement 07 / 30 / 2008
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 5000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee	Transaction ID: 25666290 Date of Disbursement 07 / 29 / 2008
	Mailing Address P.O. Box 851232	Amount of Each Disbursement this Period 1000.00
	City Mobile State AL Zip Code 36685	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jo Bonner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Impact America	Transaction ID: 25666712 Date of Disbursement 07 / 24 / 2008
	Mailing Address 228 W. Washington St. Ste. 115	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Impact America	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 84

<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. Full Name (Last, First, Middle Initial) TOM PAC <hr/> Mailing Address P.O. Box 752 <hr/> City Des Moines State IA Zip Code 50303 <hr/> Purpose of Disbursement <hr/> Candidate Name TOM PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25676000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Re-Elect Mcgovern Committee <hr/> Mailing Address PO Box 60405 <hr/> City Worcester State MA Zip Code 01606 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James McGovern <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25981204 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ►

41000.00

**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 84 / 84

<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

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 25962262

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

265.82

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

265.82

TOTAL This Period (last page this line number only)

265.82