

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (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

05

01

2009

through

05

31

2009

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

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

04

14

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">2009</span>		336659.40
(b) Cash on Hand at Beginning of Reporting Period .....	439937.48	
(c) Total Receipts (from Line 19) .....	212822.61	597433.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	652760.09	934092.72
7. Total Disbursements (from Line 31) .....	99030.12	380362.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	553729.97	553729.97
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	188063.27	507107.02
(ii) Unitemized .....	24703.19	87222.53
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	212766.46	594329.55
(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) .....	212766.46	594329.55
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	56.15	603.77
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)) .....	212822.61	597433.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	212822.61	597433.32

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	1950.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	1950.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98500.00	369500.00	
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	3476.66	
(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	3476.66	
29. Other Disbursements.....	530.12	5436.09	
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))..	99030.12	380362.75	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99030.12	380362.75	

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	212766.46	594329.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3476.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	212766.46	590852.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1950.00
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	1950.00

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

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

FOR LINE NUMBER: PAGE 6 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Randall S. Winn

Mailing Address Reading Hospital & Med Ctr  
PO Box 16052

City State Zip Code  
Reading PA 19612-6052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Reading Radiology As-  
soc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29835997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Gould

Mailing Address 10626 N Turnberry Dr

City State Zip Code  
Mequon WI 53092-6309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Specialists of  
Milwaukee, S.

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  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836000

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Kuehn

Mailing Address University of Iowa Hosp & Clinics  
200 Hawkins Dr 3980 JPP

City State Zip Code  
Iowa City IA 52242-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Iowa Hosp  
& Clinics

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836001

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Decker

Mailing Address 903 Forest Edge Cir

City

Iowa

State

IA

Zip Code

52241-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836004

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ethan Foxman

Mailing Address 1047 N Main St

City

West Hartford

State

CT

Zip Code

06117-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836006

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregg Baran

Mailing Address 2130 Coffee Pot Blvd NE

City

Saint Petersburg

State

FL

Zip Code

33704-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Tampa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836007

Amount of Each Receipt this Period

300.00

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

800.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rodney Hobbs, JR

Mailing Address 2808 Bellevue Ave

City

Augusta

State

GA

Zip Code

30909-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brown and Rad. Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836010

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patricia A. Helke

Mailing Address 718 N 161st St

City

Omaha

State

NE

Zip Code

68118-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants, P.-  
C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836125

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836139

Amount of Each Receipt this Period

520.00

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

1520.00

**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 9 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nancy Gregory

Mailing Address 17615 Stonebrook Dr

City

Northville

State

MI

Zip Code

48167-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836145

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward Liu

Mailing Address Radiological Associates  
2410 Samaritan Dr Ste 101

City

San Jose

State

CA

Zip Code

95124-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
Medical Group

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  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836148

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lori Deitte

Mailing Address 3907 Barcelona Ave

City

Jacksonville

State

FL

Zip Code

32207-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Florida Jac-  
ksonville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836149

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City

Middleton

State

WI

Zip Code

53562-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836150

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jesse Chusid

Mailing Address North Shore University Hospital  
300 Community Dr

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
spital

Occupation

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836156

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Cleveland Hudson

Mailing Address 3 Waverly Walk

City

Hattiesburg

State

MS

Zip Code

39402-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montclair Baptist Medical  
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836157

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836164

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City

Newtown Square

State

PA

Zip Code

19073-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836165

Amount of Each Receipt this Period

20.00

**C.**

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  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836167

Amount of Each Receipt this Period

1000.00

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

1120.00

**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 12 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Hope, IV

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  
Eastern Radiologist, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836172

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H Alex Munitz

Mailing Address 1828 Courtyard Cir

City State Zip Code  
Baltimore MD 21208-6363

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836173

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerome Gehl

Mailing Address 33 Edgehill Rd

City State Zip Code  
Little Rock AR 72207-5461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836176

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Brown

Mailing Address Austin Cancer Centers  
PO Box 49529

City State Zip Code  
Austin TX 78765-9529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Cancer Centers

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836177

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philip Lund

Mailing Address Valley Radiologists  
533 S 336th St Ste C

City State Zip Code  
Federal Way WA 98003-6329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836178

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Cynthia Sherry

Mailing Address 6615 Glendora Ave

City State Zip Code  
Dallas TX 75230-5219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836180

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Philbrick

Mailing Address 217 E Jones St

City

Savannah

State

GA

Zip Code

31401-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Savannah Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836181

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith Fischer

Mailing Address 1 Lenox Pl

City

Saint Louis

State

MO

Zip Code

63108-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington University Med-  
ical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836182

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City

Conyers

State

GA

Zip Code

30013-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836183

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Deborah Levine

Mailing Address Beth Israel-Deaconess Med Ctr  
330 Brookline Ave

City State Zip Code  
Boston MA 02215-5400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beth Israel-Deaconess Med  
Ctr

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836184

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Still

Mailing Address 912 Forest Rd.

City State Zip Code  
Lancaster PA 17601-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lancaster Radiology Assoc-  
iates, Ltd.

Occupation  
Medical Group Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836188

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Bree

Mailing Address 4811 37th Ave SW

City State Zip Code  
Seattle WA 98126-2723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Washington

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836189

Amount of Each Receipt this Period

300.00

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

1550.00

**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 16 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Pollack

Mailing Address 3780 Tiffany Dr

City

Easton

State

PA

Zip Code

18045-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29836387

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ellen Wolf

Mailing Address Montefiore Hospital  
111 E 210th St

City

Bronx

State

NY

Zip Code

10467-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836587

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alkis Zingas

Mailing Address Harper University Hospital  
3990 John R St

City

Detroit

State

MI

Zip Code

48201-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.E. Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836588

Amount of Each Receipt this Period

250.00

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

1000.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 17 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anne P. Dunne

Mailing Address 102 Andrews Ct

City

Lewisburg

State

PA

Zip Code

17837-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836593

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Naveen Parti

Mailing Address 15 Crescent Ave

City

Greenville

State

SC

Zip Code

29605-2810

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 ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836596

Amount of Each Receipt this Period

251.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Darlene Metter

Mailing Address UTHSCSA MS 7800  
7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas HSC San Ant-  
onio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836599

Amount of Each Receipt this Period

500.00

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

1751.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Belhobek

Mailing Address Cleveland Clinic Hospital  
9500 Euclid Ave Rm A21

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Clinic Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836600

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christine Kurland

Mailing Address 154 Council Rock Ave

City Rochester State NY Zip Code 14610-3335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Borg Imaging Group LLP

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836601

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Don Cubberley

Mailing Address Inland Imaging Associates, PS  
801 S Stevens St

City Spokane State WA Zip Code 99204-2654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Inland Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836603

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Manuel Rose

Mailing Address 14334 Eagle Pointe Dr

City

Clearwater

State

FL

Zip Code

33762-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose Radiology

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  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836608

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Carlevato

Mailing Address Tahoe Carson Radiology  
2874 N Carson St Ste 300

City

Carson City

State

NV

Zip Code

89706-1683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tahoe Carson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836609

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stanley Ignatow

Mailing Address 546 Woodbrook Ln

City

Cincinnati

State

OH

Zip Code

45215-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Radiology,  
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29836611

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald Allen

Mailing Address 2908 Smithfield Ct

City

Fredericksburg

State

VA

Zip Code

22408-2059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fredericksburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jason J. Naidich

Mailing Address North Shore University Hospital  
300 Community Dr

City

Manhasset

State

NY

Zip Code

11030-3876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
spital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836681

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roger Eng, JR

Mailing Address 7 Soule Rd

City

Orinda

State

CA

Zip Code

94563-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Gate Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836682

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Loralie Ma

Mailing Address 11605 Mirror Pond Ct

City

Fulton

State

MD

Zip Code

20759-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836684

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Akshay Gupta

Mailing Address 5115 Fox Hollow Rd

City

Eugene

State

OR

Zip Code

97405-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836883

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Grimes

Mailing Address 2 Park Cir

City

Cape Elizabeth

State

ME

Zip Code

04107-9682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836888

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bonnie Litvack

Mailing Address 5 Buttonhook Rd

City

Chappaqua

State

NY

Zip Code

10514-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White Plains Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836890

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Leonard Berlin

Mailing Address 518 Meadow Dr W

City

Wilmette

State

IL

Zip Code

60091-2276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836891

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Butler

Mailing Address St Lukes Hospital  
232 S Woods Mill Rd Ste 110 East

City

Chesterfield

State

MO

Zip Code

63017-3485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiation Oncology Consul-  
tants of W. C

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836895

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Fajman

Mailing Address 2860 Hawthorne Dr NE

City

Atlanta

State

GA

Zip Code

30345-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836900

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Dombroski

Mailing Address 4140 East Ave

City

Rochester

State

NY

Zip Code

14618-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Rochester Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: 29836904

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Pan

Mailing Address 304 W 88th St Apt 3D

City

New York

State

NY

Zip Code

10024-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albert Einstein Montefiore

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839601

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Hite

Mailing Address 434 New Britain Dr

City

Lynchburg

State

VA

Zip Code

24503-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839603

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Ladd

Mailing Address 3366 Valemont St

City

San Diego

State

CA

Zip Code

92106-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
La Jolla Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839604

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Milton J. Guiberteau

Mailing Address 1000 Uptown Park Blvd Apt 253

City

Houston

State

TX

Zip Code

77056-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Radiology  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839609

Amount of Each Receipt this Period

2500.00

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

3150.00

**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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan John

Mailing Address Univ of TX Med School  
6431 Fannin St

City State Zip Code  
Houston TX 77030-1503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ. of TX Med. School

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839610

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Farrell

Mailing Address 128 Killarney

City State Zip Code  
Williamsburg VA 23188-8415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peninsula Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839612

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anne Roberts

Mailing Address UCSD Med Ctr Thornton Hospital  
9300 Campus Point Dr

City State Zip Code  
La Jolla CA 92037-1398

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UCSD Medical Center

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839617

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 26 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Rausch

Mailing Address Fort Wayne Radiology  
3707 New Vision Dr

City State Zip Code  
Fort Wayne IN 46845-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ft Wayne Radiology Associ-  
ation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839620

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Lester

Mailing Address 1228 E 21st PI

City State Zip Code  
Tulsa OK 74114-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Servant Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839625

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Mulligan

Mailing Address Marshfield Clinic  
1000 N Oak Ave

City State Zip Code  
Marshfield WI 54449-5702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marshfield Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839628

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Duszak, JR

Mailing Address 3056 Wetherby Dr

City

Germantown

State

TN

Zip Code

38139-8080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid South Imaging and The-  
rapeutics

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839638

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Canter

Mailing Address 8 Shelly Hill Rd

City

Stanfordville

State

NY

Zip Code

12581-6062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dutchess Radiology Associ-  
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839641

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Creasy

Mailing Address Vanderbilt Univ  
1161 21st Ave S

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt Univ Medical  
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839642

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bennett Greenspan

Mailing Address Mallinckrodt Institute of Radiolog  
510 S Kingshighway Blvd

City State Zip Code  
Saint Louis MO 63110-1016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of MO Med Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839643

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Binder

Mailing Address 401 Lakeshore Dr

City State Zip Code  
Fayetteville NC 28305-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Regional Radiolo-  
gy

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839644

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Simmons

Mailing Address 3530 Maloney Rd

City State Zip Code  
Knoxville TN 37920-7316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abercrombie Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839655

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. R Nick Bryan

Mailing Address 201 S 18th St Apt 201

City

Philadelphia

State

PA

Zip Code

19103-5919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of PA Med Ctr

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839656

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gail Morgan

Mailing Address 5253 S Graham St

City

Seattle

State

WA

Zip Code

98118-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason Medical Ce-  
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839658

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kathleen Ward

Mailing Address 13131 S Longwood Ct

City

Palos Park

State

IL

Zip Code

60464-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loyola University Physi-  
cian Foundation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839785

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kate Feinstein

Mailing Address University of Chicago Medical Cent  
5841 S Maryland Ave, MC 2026

City State Zip Code  
Chicago IL 60637-1447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Chicago Hos-  
pital

Occupation  
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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839786

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arlene Segal

Mailing Address 2504 NE 66th St

City State Zip Code  
Gladstone MO 64118-3758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839787

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Elaine Lewis

Mailing Address Reading Hospital & Medical Ctr  
PO Box 16052

City State Zip Code  
Reading PA 19612-6052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Reading Radiology As-  
sociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839791

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patricia Martin

Mailing Address 1759 Creek View Dr

City

Fogelsville

State

PA

Zip Code

18051-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Imaging of Lehigh Val-  
ley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839792

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Braun

Mailing Address 8022 N Gray Log Ln

City

Fox Point

State

WI

Zip Code

53217-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Radiology Speci-  
alists

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839793

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Kushner

Mailing Address 2020 Canal Rd

City

Virginia Beach

State

VA

Zip Code

23451-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839794

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Rosengart

Mailing Address PO Box 26430

City

Macon

State

GA

Zip Code

31221-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAM, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839796

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jacqueline Bello

Mailing Address Montefiore Medical Center  
111 E 210th St

City

Bronx

State

NY

Zip Code

10467-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation

Neuroradiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839797

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839804

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Tanya Fields

Mailing Address 10891 Bossier Dr

City

Alpharetta

State

GA

Zip Code

30022-7360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839809

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Turner

Mailing Address 123 Dog Ln

City

Storrs Mansfield

State

CT

Zip Code

06268-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839810

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Larry Burr

Mailing Address Radiology Consultants of Iowa  
1948 First Ave NE

City

Cedar Rapids

State

IA

Zip Code

52402-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839812

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Dockery, III

Mailing Address 5546 Drane Dr

City

Dallas

State

TX

Zip Code

75209-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Radiology Associ-  
ates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29839813

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Hines

Mailing Address 69 Lawrence Hill Rd

City

Huntington

State

NY

Zip Code

11743-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Jewish Medical  
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839903

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Suzanne Smith

Mailing Address 150 W 56th St Apt 6901

City

New York

State

NY

Zip Code

10019-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zwanger-Pesiri Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839911

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rona Woldenberg

Mailing Address 6 Cove Ln

City

Great Neck

State

NY

Zip Code

11024-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
sp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839912

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. A Semine

Mailing Address 337 Wellesley St

City

Weston

State

MA

Zip Code

02493-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton Wellesley Radiology  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839913

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Loretta Lawrence

Mailing Address 62 Rockcrest Rd

City

Manhasset

State

NY

Zip Code

11030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
spital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839926

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pamela Otto

Mailing Address UTHSCSA MS 7800  
7703 Floyd Curl Dr

City State Zip Code  
San Antonio TX 78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of TX Hlth Sci Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839927

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Sutherland

Mailing Address 3100 Tantallon Cir SE

City State Zip Code  
Hampton Cove AL 35763-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology of Huntsville,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839929

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Marder

Mailing Address Washington Radiology Assoc  
2141 K St NW Ste 900

City State Zip Code  
Washington DC 20037-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Radiology Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839942

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Rieke

Mailing Address 5001 88th Ave SE

City

Mercer Island

State

WA

Zip Code

98040-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multi Care Health System

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839943

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sanjay Shetty

Mailing Address 171 Webster St

City

Needham

State

MA

Zip Code

02494-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29839945

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Yung

Mailing Address 43 Compo Mill Cv

City

Westport

State

CT

Zip Code

06880-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29840059

Amount of Each Receipt this Period

250.00

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

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Luedke

Mailing Address 26 Hooper Hill Rd

City

New Boston

State

NH

Zip Code

03070-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNHRC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: 29840066

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Victor Scarmato

Mailing Address 14 Valley Rd

City

Glen Cove

State

NY

Zip Code

11542-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nassau University Medical  
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: 29840067

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Burt Weyhing, III

Mailing Address 158 Kenwood Rd

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L. Reynolds & Associates,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: 29840068

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Chang

Mailing Address 4 Old Timber Trl

City

Pittsburgh

State

PA

Zip Code

15238-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imagine Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

Transaction ID: 29840069

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Tarver

Mailing Address 4575 S 800 W

City

New Palestine

State

IN

Zip Code

46163-9172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Univ. School of  
Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

Transaction ID: 29840088

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ellen Tabor

Mailing Address West Penn Hospital  
4800 Friendship Ave

City

Pittsburgh

State

PA

Zip Code

15224-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Radiology Assoc-  
iates

Occupation

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	5		0	4		2	0	9	

Transaction ID: 29840089

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sue Crook

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108City State Zip Code  
Minneapolis MN 55437-1191FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

Transaction ID: 29840090

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bramwit

Mailing Address 55 Janelle Ct

City State Zip Code  
Bedminster NJ 07921-2898FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Radiology GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

Transaction ID: 29840092

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joshua Hirsch

Mailing Address 1 Longfellow Pl Apt 3407

City State Zip Code  
Boston MA 02114-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey ClinicOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

Transaction ID: 29840094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Starnes

Mailing Address 11 Abby Lynn Cir

City

Clarksville

State

TN

Zip Code

37043-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: 29840096

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Kugel

Mailing Address Univ of Florida College of Medicin  
PO Box 100374

City

Gainesville

State

FL

Zip Code

32610-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Florida

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: 29840097

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carl Kalbhen

Mailing Address 5728 Butler Ln

City

Long Grove

State

IL

Zip Code

60047-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29840612

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Cernigliaro

Mailing Address 8206 Ashworth Ct

City

Jacksonville

State

FL

Zip Code

32256-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29840613

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Manuel Brown

Mailing Address Henry Ford Hospital  
2799 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841049

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Adams

Mailing Address 12 Bordeaux Way

City

Fairport

State

NY

Zip Code

14450-4614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841050

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Philip Cook

Mailing Address Cook Diagnostic & Interventional R  
664 Mourning Dove Dr

City State Zip Code  
Sarasota FL 34236-1926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMH Radiologists Associat-  
es, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841052

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City State Zip Code  
Peoria IL 61615-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Illinois Radiology  
Association

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841064

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dallas Lovelace, III

Mailing Address Regional Medical Ctr  
3000 Saint Matthews Rd

City State Zip Code  
Orangeburg SC 29118-1442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates, PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841065

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Tallman

Mailing Address 1054 Greymont Cir NW

City

Marietta

State

GA

Zip Code

30064-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quantum Radiology

Occupation

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 Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841067

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Thrall

Mailing Address Massachusetts General Hospital  
55 Fruit St

City

Boston

State

MA

Zip Code

02114-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841072

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Patti

Mailing Address 11 Willard Ln

City

Lynnfield

State

MA

Zip Code

01940-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John A. Patti, M.D., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 29841074

Amount of Each Receipt this Period

2500.00

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

5365.00

**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 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard Ansel

Mailing Address 8310 Cedar Lake Rd S

City

Saint Louis Park

State

MN

Zip Code

55426-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota  
Physicians

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29841075

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward Bluth

Mailing Address Ochsner Foundation Hospital  
1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29841076

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Harry Knipp

Mailing Address 603 Earleton Ct

City

Reisterstown

State

MD

Zip Code

21136-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29841078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Yeh

Mailing Address 330 Cordova St Unit 311

City

Pasadena

State

CA

Zip Code

91101-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark M. Yeh, M.D., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29841081

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Halverson

Mailing Address 15256 Wild Wings

City

Minnetonka

State

MN

Zip Code

55345-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Clinic

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
0	5		0	8		2	0	0	9

Transaction ID: 29841082

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kugel

Mailing Address 127 Ocean Ave

City

Sorrento

State

ME

Zip Code

04677-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 29841084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Brink

Mailing Address Yale Univ Sch of Med  
333 Cedar St TE 2-224

City State Zip Code  
New Haven CT 06510-3206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Yale Univ Sch of Med

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841095

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rojanandham Samudrala

Mailing Address Eastpointe Radiologists, PC  
36175 Harper Ave

City State Zip Code  
Clinton Township MI 48035-3274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St John Hospital and Med  
Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841097

Amount of Each Receipt this Period

201.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William G. Bradley, JR

Mailing Address Univ of CA-San Diego Med Ctr  
402 Dickinson St Ste 454

City State Zip Code  
San Diego CA 92103-6902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of California  
San Diego

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841101

Amount of Each Receipt this Period

1000.00

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

1451.00

**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 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Kay

Mailing Address 834 Lakeshore Pkwy

City

New Orleans

State

LA

Zip Code

70124-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841102

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gordon Beute

Mailing Address 6411 Wardell Ct

City

West Bloomfield

State

MI

Zip Code

48324-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Health Care Systems

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841103

Amount of Each Receipt this Period

425.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gautam Mirchandani

Mailing Address 80 N Moore St Apt 5-B

City

New York

State

NY

Zip Code

10013-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norwalk Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841105

Amount of Each Receipt this Period

500.00

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

1225.00

**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 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomasson

Mailing Address 3 Brookside Ln

City

Saint Louis

State

MO

Zip Code

63124-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841106

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Tamas

Mailing Address 9 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841107

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Yudd

Mailing Address 12 Fairhill Rd

City

Westfield

State

NJ

Zip Code

07090-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Grp of New Brun-  
swick

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841108

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Juenemann

Mailing Address 10976 Mississppi Dr

City

Champlin

State

MN

Zip Code

55316-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841112

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Dillehay

Mailing Address Northwestern Mem Hosp  
251 E Huron St

City

Chicago

State

IL

Zip Code

60611-3197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Medical Facu-  
lty Foundatio

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  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841114

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Spickler

Mailing Address 151 Manorwood Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841115

Amount of Each Receipt this Period

250.00

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

2250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Eckmann

Mailing Address 45 S Deep Lake Rd

City

St Paul

State

MN

Zip Code

55127-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29841116

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Paley

Mailing Address 2840 McGill Terr NW

City

Washington

State

DC

Zip Code

20008-2748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie and  
Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29841128

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Thorwarth, JR

Mailing Address Catawba Radiological Assoc  
PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29841135

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Beverly Coleman

Mailing Address Univ of Pennsylvania Med Ctr  
3400 Spruce StCity State Zip Code  
Philadelphia PA 19104-4206FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospital of the Univ of  
PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841151

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carol Rumack

Mailing Address Univ of Colorado-Denver School of  
13001 E 17th Place Box C-293City State Zip Code  
Aurora CO 80045-2505FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Colorado School  
of MedicineOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841152

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Bezreh

Mailing Address South Shore Hospital  
55 Fogg RdCity State Zip Code  
South Weymouth MA 02190-2455FEC ID number of contributing  
federal political committee.**C**Name of Employer  
South Shore HospitalOccupation  
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  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3750.00

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 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alex Johnson

Mailing Address 2309 Woodcliff Rd SE

City

Huntsville

State

AL

Zip Code

35801-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology 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
0	5	/	0	3	/	2	0	0	9

Transaction ID: 29841155

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arl Moore, JR

Mailing Address 1817 Craigmere Dr

City

Charlotte

State

NC

Zip Code

28226-6212

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 ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	9

Transaction ID: 29841157

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James P. Trotter, Jr.

Mailing Address PO Box 2787

City

Columbus

State

GA

Zip Code

31902-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Management Services Netwo-  
rk

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	9

Transaction ID: 29841159

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

3750.00

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 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Swan

Mailing Address 200 N Schmidt Ave

City

Marshfield

State

WI

Zip Code

54449-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshfield Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841161

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Ibbott

Mailing Address MD Anderson Cancer Ctr  
7515 Main St Ste 300

City

Houston

State

TX

Zip Code

77030-4551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT MD Anderson Cancer Cen-  
ter

Occupation

Physicist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841163

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Wolff

Mailing Address 40 Old Pond Rd

City

Great Neck

State

NY

Zip Code

11023-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841165

Amount of Each Receipt this Period

250.00

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

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Irving Ehrlich

Mailing Address 1727 Cleveland Ave

City

Wyomissing

State

PA

Zip Code

19610-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIT Winston Radiology Ass-  
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	9

Transaction ID: 29841172

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Fleishon

Mailing Address 3690 E Camino Sin Nombre

City

Paradise Valley

State

AZ

Zip Code

85253-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists LTD

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
0	5		0	3		2	0	0	9

Transaction ID: 29841174

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Albert Blumberg

Mailing Address Greater Baltimore Medical Ctr  
6701 N Charles St

City

Baltimore

State

MD

Zip Code

21204-6881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Baltimore Medical  
Ctr

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	9

Transaction ID: 29841175

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Kaye

Mailing Address Bridgeport Hospital  
267 Grant St

City State Zip Code  
Bridgeport CT 06610-2870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Radiology Consul-  
tants

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841176

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Townsend

Mailing Address 5450 S Autumn Ct

City State Zip Code  
Greenwood Village CO 80111-3417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of CO Health Sci Cen-  
ter

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841177

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Josie Alpers

Mailing Address 6609 E Split Rock Cir

City State Zip Code  
Sioux Falls SD 57110-1306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med X-Ray

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841178

Amount of Each Receipt this Period

1000.00

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Yogesh Patel

Mailing Address 7563 Pear Tree Ln

City

Sylvania

State

OH

Zip Code

43560-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consulting Radiologists  
Corp.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841182

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregg Miller

Mailing Address 88 Wharf St Unit 606

City

Milton

State

MA

Zip Code

02186-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841184

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Benator

Mailing Address All Children's Hospital  
801 6th St S

City

St Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Pediatric Associa-  
tion

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  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841185

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John DePersio

Mailing Address 657 Waverly Rd

City

La Porte

State

IN

Zip Code

46350-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
La Porte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841187

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Luchs

Mailing Address 151 Bristol Dr

City

Woodbury

State

NY

Zip Code

11797-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop-University Hospi-  
tal

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841188

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Borgstede

Mailing Address 3995 Kakatosi Ln

City

Colorado Springs

State

CO

Zip Code

80908-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Springs Radiolog-  
ists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841189

Amount of Each Receipt this Period

2500.00

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Cassandra Foens

Mailing Address Covenant Cancer Treatment Ctr  
200 E Ridgeway Ave

City Waterloo State IA Zip Code 50702-5040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clinical Radiologists PC

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841190

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Hillman

Mailing Address Univ of Virginia  
PO Box 801339

City Charlottesville State VA Zip Code 22908-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Virginia

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 9

Transaction ID: 29841191

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carol Grabowski

Mailing Address Minnesota Radiation Oncology  
800 E 28th St Ste 11118

City Minneapolis State MN Zip Code 55407-3723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Radiation Oncol-  
ogy

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841218

Amount of Each Receipt this Period

250.00

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

3250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Weiner

Mailing Address Meritcare Medical Center  
737 Broadway

City State Zip Code  
Fargo ND 58102-4421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meritcare Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841219

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Maryellyn Gilfeather

Mailing Address 54 E Churchill Dr

City State Zip Code  
Salt Lake City UT 84103-2266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Utah Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841220

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City State Zip Code  
Denver CO 80237-2979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Imaging Associa-  
tion

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.68

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841221

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

846.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841244

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick Murphy

Mailing Address 2507 River Oak Dr

City

Decatur

State

GA

Zip Code

30033-2813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory University Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841253

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christoph Wald

Mailing Address 2 Swallow Cave Rd

City

Nahant

State

MA

Zip Code

01908-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841258

Amount of Each Receipt this Period

500.00

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

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Seungho Howard Lee

Mailing Address 162 Deer Run

City

Watchung

State

NJ

Zip Code

07069-5938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Radiologists,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29841259

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Valerie Jewells

Mailing Address Univ of NC School of Medicine  
100 Manning Dr CB 7510

City

Chapel Hill

State

NC

Zip Code

27599-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of NC School  
of Medicine

Occupation

Neuroradiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29841261

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Galdino

Mailing Address 9 Applestone Dr

City

Jackson

State

TN

Zip Code

38305-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Radiology Associa-  
tes

Occupation

Resident Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29841262

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Brown

Mailing Address 3635 N 250 W

City

Provo

State

UT

Zip Code

84604-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Utah Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841265

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald Schwarz

Mailing Address 6514 Copper Creek Dr

City

Dallas

State

TX

Zip Code

75248-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Oncology

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841284

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Ridlen

Mailing Address Rhode Island Medical Imaging  
20 Catamore Blvd

City

East Providence

State

RI

Zip Code

02914-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29841286

Amount of Each Receipt this Period

300.00

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

1050.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bonna Rogers-Neufeld

Mailing Address 465 W Bluff Ave

City

Fresno

State

CA

Zip Code

93711-6900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	9

Transaction ID: 29841287

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Hillstrom

Mailing Address 5 Whitney Dr

City

Lincoln

State

RI

Zip Code

02865-4639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Transaction ID: 29841295

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rriitt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863431

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

1040.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Barlow

Mailing Address 280 Quiet Water Ln

City

Atlanta

State

GA

Zip Code

30350-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Hospital

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863465

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lynn Baxter

Mailing Address 939 Briarcliff Rd NE

City

Atlanta

State

GA

Zip Code

30306-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Emory Clinic

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863466

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Datoc

Mailing Address 1685 High Trl

City

Atlanta

State

GA

Zip Code

30339-5690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Hospital

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863467

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Soheil Hanna

Mailing Address Northside Hospital

1000 Johnson Ferry Rd NE

City

Atlanta

State

GA

Zip Code

30342-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863479

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Kallman

Mailing Address 5281 Vernon Springs Trl NW

City

Atlanta

State

GA

Zip Code

30327-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863480

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eugene Lee

Mailing Address 5775 Glenridge Dr NE  
Bldg B Ste 360

City

Atlanta

State

GA

Zip Code

30328-5380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Univ Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863481

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas McIntosh

Mailing Address 7245 Scotshire Way

City

Cumming

State

GA

Zip Code

30040-7396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lanier Park Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863482

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Meli

Mailing Address 3359 Glenrose Trl

City

Atlanta

State

GA

Zip Code

30341-5783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Adventist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863483

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Moss

Mailing Address 220 Westminster Pl

City

Atlanta

State

GA

Zip Code

30350-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863484

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Ostrow

Mailing Address 265 Pineland Rd NW

City

Atlanta

State

GA

Zip Code

30342-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

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
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863485

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sharon Rim

Mailing Address 3810 Tynemoore Walk SE

City

Smyrna

State

GA

Zip Code

30080-5992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Univ Hospital

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
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863486

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Russell Tippins

Mailing Address 4 Polo Dr NE

City

Atlanta

State

GA

Zip Code

30309-2720

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863487

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

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 69 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andy Tyber

Mailing Address Quantum Radiology Northside PC  
5445 Meridian Mark Dr NE Ste 375

City State Zip Code  
Atlanta GA 30342-4755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emory University D-125-A

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863488

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Tyrrel

Mailing Address 3910 W Nancy Creek Ct NE

City State Zip Code  
Atlanta GA 30319-4810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northside Hospital

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863491

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sreekanth Vemuri

Mailing Address 730 Glenair Dr NE

City State Zip Code  
Atlanta GA 30328-4217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Henry Ford Hospital

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863492

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 70 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Weinstein

Mailing Address 741 Burning Tree Dr SE

City

Marietta

State

GA

Zip Code

30067-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863493

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Zakem

Mailing Address 5005 Riverview Rd NW

City

Atlanta

State

GA

Zip Code

30327-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863494

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kim Gray

Mailing Address 3366 Mathieson Dr NE

City

Atlanta

State

GA

Zip Code

30305-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863495

Amount of Each Receipt this Period

500.00

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

2500.00

**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 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center  
110 Irving St NW BA94City State Zip Code  
Washington DC 20010-2975FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Center RadiologyOccupation  
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 5 / 1 2 / 2 0 0 9

Transaction ID: 29863497

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863534

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 8370 Rustic Woods Way

City State Zip Code  
Loomis CA 95650-8038FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863538

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

845.00

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 72 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863539

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

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  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863540

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City

El Macero

State

CA

Zip Code

95618-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863542

Amount of Each Receipt this Period

400.00

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

1400.00

**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 73 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City

Davis

State

CA

Zip Code

95618-7664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863544

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863545

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863548

Amount of Each Receipt this Period

400.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863550

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City State Zip Code  
Carmichael CA 95608-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863551

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Glenn Hofer

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Sacramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863552

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City

Sacramento

State

CA

Zip Code

95818-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863553

Amount of Each Receipt this Period

336.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863554

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City

El Macero

State

CA

Zip Code

95618-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863555

Amount of Each Receipt this Period

400.00

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

1136.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863556

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863557

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863558

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863559

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Sacramento  
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863562

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City

Carmichael

State

CA

Zip Code

95608-4571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863563

Amount of Each Receipt this Period

833.36

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

1633.36

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

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

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

FOR LINE NUMBER: PAGE 78 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863564

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code  
Davis CA 95616-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863565

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code  
Carmichael CA 95608-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863566

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863567

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Sompayrac

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc of Sac-  
ramen

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863569

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code  
Davis CA 95616-6760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863570

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863574

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863576

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code  
Davis CA 95616-5087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863577

Amount of Each Receipt this Period

400.00

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

1600.00

**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 81 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of California

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863578

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863581

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863582

Amount of Each Receipt this Period

400.00

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

1200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Jones

Mailing Address Radiological Assoc of Sacramento  
2800 L St Ste 10City State Zip Code  
Sacramento CA 95816-5616FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863584

Amount of Each Receipt this Period

320.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863585

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address Radiation Oncology Centers  
2 Medical Plaza Dr Ste 180City State Zip Code  
Roseville CA 95661-3049FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiation Oncology CentersOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 29863586

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1520.00

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 83 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 29863587

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. E William Akins

Mailing Address 3971 Gulfshore Blvd Apt P/H 304

City State Zip Code  
Naples FL 34103-2100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29867966

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Pamela Caslowitz

Mailing Address 3110 Gin Lane

City State Zip Code  
Naples FL 34102-7807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29867968

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Dorio

Mailing Address 1817 Medea Ct

City

Naples

State

FL

Zip Code

34109-7122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29867970

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jason Hamilton

Mailing Address Naples Radiologists PA  
PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29867971

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William W. Hutchins

Mailing Address 6607 Glen Arbor Way

City

Naples

State

FL

Zip Code

34119-4658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29867973

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Lim

Mailing Address Naples Radiologists  
PO Box 9829

City State Zip Code  
Naples FL 34101-9829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868177

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Meli

Mailing Address Naples Radiologists PA  
PO Box 9829

City State Zip Code  
Naples FL 34101-9829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiologists PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868178

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Pawlus

Mailing Address 975 Aqua Cl

City State Zip Code  
Naples FL 34102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868179

Amount of Each Receipt this Period

400.00

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

1200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Ryan

Mailing Address Naples Radiologists PA  
PO Box 9829City State Zip Code  
Naples FL 34101-9829FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Naples RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868180

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shamit Sarangi

Mailing Address PO Box 9829

City State Zip Code  
Naples FL 34101-9829FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Naples RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868181

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Singer

Mailing Address Naples Radiologists  
PO Box 9829City State Zip Code  
Naples FL 34101-9829FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Naples Radiology, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868182

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Smock

Mailing Address 445 Terracina Ln

City

Naples

State

FL

Zip Code

34119-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

Transaction ID: 29868183

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Strange

Mailing Address PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

Transaction ID: 29868184

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Katherine Shaffer

Mailing Address Froedtert Mem Lutheran Hospital  
9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Wisconsin

Occupation

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	5		1	3		2	0	9	

Transaction ID: 29868185

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1165.00

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 88 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Russell Kelley

Mailing Address PO Box 585

City

Norwell

State

MA

Zip Code

02061-0585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Radiology Ass-  
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868186

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Erbacher

Mailing Address 3211 West 73rd St

City

Tulsa

State

OK

Zip Code

74132-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Imaging Associ-  
ates Inc.

Occupation

Interventional 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  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868188

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rafael Altieri

Mailing Address 169 Warren Ave Apt 3

City

Boston

State

MA

Zip Code

02116-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Radiological  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868189

Amount of Each Receipt this Period

250.00

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

750.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stanley Nakamoto

Mailing Address 35 Valente

City

Irvine

State

CA

Zip Code

92602-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moran, Rowen, Doresey, In-  
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29868196

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tomas Jimenez

Mailing Address Ashford Medical Center

29 Calle Washington Ste 501

City

San Juan

State

PR

Zip Code

00907-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashford Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29870457

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marga Cardona

Mailing Address 29 Calle Washington

Suite 501

City

San Juan

State

PR

Zip Code

00907-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashford Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29870458

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jose Landron

Mailing Address Ashford Medical Ctr  
29 Washington St Ste 501

City State Zip Code  
San Juan PR 00907-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ashford Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29870459

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. W Shawn Conwell

Mailing Address 293 Piney Bluff Rd

City State Zip Code  
Rembert SC 29128-9630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pitts Radiology

Occupation  
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 5 / 1 3 / 2 0 0 9

Transaction ID: 29877565

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Cregan

Mailing Address Wayne Radiologists  
2700 Medical Office Place

City State Zip Code  
Goldsboro NC 27534-9460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wayne Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29879202

Amount of Each Receipt this Period

250.00

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

865.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger Cronk

Mailing Address 1505 Eagle Ridge Rd NE

City

Albuquerque

State

NM

Zip Code

87122-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
X-Ray Associates of NM,  
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29879313

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA  
PO Box 8903

City

Wichita

State

KS

Zip Code

67208-0903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wichita Radiological Group  
PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881604

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Sloves

Mailing Address 4870 W Pinewild Rd

City

Reno

State

NV

Zip Code

89511-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881605

Amount of Each Receipt this Period

250.00

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Harry

Mailing Address 136 Highview Rd

City

Stephenson

State

VA

Zip Code

22656-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	9	

Transaction ID: 29881606

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Fife

Mailing Address 256 NW Pacific Grove Dr

City

Beaverton

State

OR

Zip Code

97006-8352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAC/USC Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	9	

Transaction ID: 29881607

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond Tu

Mailing Address 1539 27th St NW

City

Washington

State

DC

Zip Code

20007-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Progressive Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	9	

Transaction ID: 29881615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881829

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881830

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City

Ormond Beach

State

FL

Zip Code

32174-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881831

Amount of Each Receipt this Period

100.00

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

192.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881832

Amount of Each Receipt this Period

45.00

**B.**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881833

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City

Newport Beach

State

CA

Zip Code

92660-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881836

Amount of Each Receipt this Period

40.00

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

135.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

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

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Biirmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881838

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City State Zip Code  
Stevensville MI 49127-9376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Berrie

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881840

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City State Zip Code  
Newburgh IN 47630-8053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Delaware

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881841

Amount of Each Receipt this Period

60.00

**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 96 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Keller

Mailing Address 307 Cabin Grove Ln

City

Saint Louis

State

MO

Zip Code

63141-8171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881842

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881844

Amount of Each Receipt this Period

208.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881847

Amount of Each Receipt this Period

83.34

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

391.68

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



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

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

FOR LINE NUMBER: PAGE 97 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane  
Unit 55

City State Zip Code  
Yuma AZ 85364-6284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MDIG

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881852

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code  
Chestnut Hill MA 02467-3023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deaconess Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881857

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code  
Williamsville NY 14221-1984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Windsong Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881861

Amount of Each Receipt this Period

50.00

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

216.67

**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  
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FOR LINE NUMBER: PAGE 98 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology  
1406 6th Ave N

City State Zip Code  
Saint Cloud MN 56303-1900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Regional Diagnostic Radio-  
logy

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881868

Amount of Each Receipt this Period

312.50

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City State Zip Code  
Greenville SC 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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29881882

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Mueller, JR

Mailing Address 11306 Roosevelt Rd

City State Zip Code  
Saginaw MI 48609-9774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Diagnostic Imagi-  
ng

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887147

Amount of Each Receipt this Period

500.00

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

854.17

**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 99 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Larson

Mailing Address 110 Stoney Beach Rd

City

Oshkosh

State

WI

Zip Code

54902-7243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887149

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. M Thorsen

Mailing Address 36829 Hollyhock Woods Dr

City

Oconomowoc

State

WI

Zip Code

53066-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Memorial Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887150

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Hublall

Mailing Address 11715 Mackey St

City

Overland Park

State

KS

Zip Code

66210-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hublall Radiology, Inc.

Occupation

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 5 / 0 6 / 2 0 0 9

Transaction ID: 29887154

Amount of Each Receipt this Period

365.00

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

3365.00

**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 100 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Shevlin

Mailing Address 3905 Stone Bridge Rd

City

Springfield

State

IL

Zip Code

62707-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29887156

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nancy A. Ellerbroek

Mailing Address Vantage Oncology  
25751 McBean Pkwy Ste 110

City

Valencia

State

CA

Zip Code

91355-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiology Associat-  
es

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29887161

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leroy Roberts, JR

Mailing Address Carolina Reg Radiology  
PO Box 87488

City

Fayetteville

State

NC

Zip Code

28304-7488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolina Regional Radiolo-  
gy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	9	

Transaction ID: 29887169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Julie Gubernick

Mailing Address 1612 Heard Dr

City

Maple Glen

State

PA

Zip Code

19002-3161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Imaging of Lehigh  
Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887170

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kathleen Barry

Mailing Address 1186 Buckingham Ave

City

Birmingham

State

MI

Zip Code

48009-5863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont Hospital

Occupation

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 5 / 0 6 / 2 0 0 9

Transaction ID: 29887175

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Perry Pernicano

Mailing Address 5146 Birkdale Dr

City

Ann Arbor

State

MI

Zip Code

48103-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Michigan Ho-  
sp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887176

Amount of Each Receipt this Period

500.00

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

1115.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Khandji

Mailing Address 2 Woodland Dr

City

Rye

State

NY

Zip Code

10580-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Presbyterian Med  
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887178

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Johnson Lightfoote

Mailing Address 808 S Easthills Dr

City

West Covina

State

CA

Zip Code

91791-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USC University Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887184

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Linda Anne Kloss

Mailing Address 21 Meadow Ln

City

Haverford

State

PA

Zip Code

19041-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Imaging Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29887186

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Pjura, JR

Mailing Address 3703 Stonebridge Drive

City

Cape Girardeau

State

MO

Zip Code

63701-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capte Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29887189

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vickie Massey

Mailing Address 805 W 51st St

City

Kansas City

State

MO

Zip Code

64112-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas City Cancer Centers

Occupation

Radiation Oncologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29887190

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Hevezi

Mailing Address CyberKnife Center of Miami  
7867 N Kendall Dr Ste 105

City

Miami

State

FL

Zip Code

33156-7735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Physicist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Transaction ID: 29887192

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brigid Gerety

Mailing Address 619 W Lake Dr

City

Athens

State

GA

Zip Code

30606-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: 29887201

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Measel

Mailing Address 1211 Founders Lake Dr

City

Athens

State

GA

Zip Code

30606-7645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: 29887202

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jon DeWitte

Mailing Address 1130 Spring Lake Dr

City

Bishop

State

GA

Zip Code

30621-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: 29887203

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Barton

Mailing Address 5046 Highway 29 S

City

Colbert

State

GA

Zip Code

30628-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: 29887204

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jerry O. Smith

Mailing Address 190 Xavier Dr

City

Athens

State

GA

Zip Code

30606-3870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: 29887205

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Bramlet

Mailing Address 1950 Gober Rd

City

Bishop

State

GA

Zip Code

30621-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: 29887217

Amount of Each Receipt this Period

500.00

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

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Shane Kudela

Mailing Address 1061 Shady Creek Ct

City

Bogart

State

GA

Zip Code

30622-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Transaction ID: 29887218

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Walpert

Mailing Address 1437 Carey Way

City

Athens

State

GA

Zip Code

30606-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Transaction ID: 29887219

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Greenshields

Mailing Address 6090 Old Lexington Rd

City

Athens

State

GA

Zip Code

30605-5060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Transaction ID: 29887220

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Philip Van Dyck

Mailing Address 154 Sedgfield Dr

City

Athens

State

GA

Zip Code

30606-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: 29887222

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Karen Goodhope

Mailing Address 43 Aberdeen Pl

City

Saint Louis

State

MO

Zip Code

63105-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898855

Amount of Each Receipt this Period

415.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paula George

Mailing Address 15941 Kettington Rd

City

Chesterfield

State

MO

Zip Code

63017-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898856

Amount of Each Receipt this Period

415.00

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

1330.00

**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 108 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Amy Figueroa

Mailing Address 2 Coventry Close

City

Avondale Estates

State

GA

Zip Code

30002-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates, P.C.

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  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898857

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carolyn Weaver

Mailing Address Northside Radiology Associates  
5445 Meridian Mark Dr NE Ste 375

City

Atlanta

State

GA

Zip Code

30342-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Radiology Assoc-  
iates

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  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898858

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Angtuaco

Mailing Address Pine Bluff Radiologists  
1801 W 40th Ave Ste 2C

City

Pine Bluff

State

AR

Zip Code

71603-6957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock,

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898859

Amount of Each Receipt this Period

750.00

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

2750.00

**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 109 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Baden

Mailing Address 9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898860

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael V. Beheshti

Mailing Address 4 Grayan Ct

City

Little Rock

State

AR

Zip Code

72223-9105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898861

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Amanda Ferrell

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898862

Amount of Each Receipt this Period

750.00

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

1875.00

**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 110 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Forte

Mailing Address Radiology Consultants  
9601 Lile Dr Ste 1100City State Zip Code  
Little Rock AR 72205-6333FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Consultants of  
Little RockOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 29898863

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Clinton Fuller, III

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code  
Little Rock AR 72205-6333FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Consultants of  
Little RockOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 29898864

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Harter

Mailing Address 55 Maisons Dr

City State Zip Code  
Little Rock AR 72223-9020FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Consultants of  
Little RockOccupation  
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	5		1	9		2	0	0	9

Transaction ID: 29898870

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Hays

Mailing Address 18 Farnham Loop

City

Little Rock

State

AR

Zip Code

72223-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898871

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael King

Mailing Address Rad Consultants of Little Rock  
9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898872

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Kolb

Mailing Address 25 Talais Dr

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898873

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

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 112 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald J. Martin

Mailing Address 110 Buckland Pl

City

Little Rock

State

AR

Zip Code

72223-4567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898874

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Josue Montanez

Mailing Address Radiology Consultants of Little Ro  
961 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898875

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898876

Amount of Each Receipt this Period

750.00

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 113 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Nokes

Mailing Address Radiology Consultants of Little Ro  
9601 Lile Dr Ste 1100

City State Zip Code  
Little Rock AR 72205-6333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898877

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harish Patel

Mailing Address 1648 E 44th St

City State Zip Code  
Tulsa OK 74105-4116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898878

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. W Dale Perryman

Mailing Address 6 Courts Dr

City State Zip Code  
Little Rock AR 72223-9021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898879

Amount of Each Receipt this Period

750.00

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

2250.00

**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 114 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Pierce

Mailing Address 3 Windsor Ct

City

Little Rock

State

AR

Zip Code

72212-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898880

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Robbins

Mailing Address Radiology Consultants  
9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock+

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898881

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Martin Robinson

Mailing Address 1515 Wetherborne Dr

City

Little Rock

State

AR

Zip Code

72211-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29898882

Amount of Each Receipt this Period

375.00

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

1875.00

**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 115 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City

Little Rock

State

AR

Zip Code

72212-3697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	9

Transaction ID: 29898883

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Todd Smith

Mailing Address 18 Masters Cir

City

Little Rock

State

AR

Zip Code

72212-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	9

Transaction ID: 29898884

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Stuckey

Mailing Address 216 Buckland Cir

City

Little Rock

State

AR

Zip Code

72223-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	9

Transaction ID: 29898885

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

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 116 / 156

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Williams

Mailing Address 55 Robinwood Dr

City

Little Rock

State

AR

Zip Code

72227-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 29898886

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

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

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 29903364

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 38 Lake Forest Dr

City

Richmond Heights

State

MO

Zip Code

63117-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Imaging Consul-  
tants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 29903366

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1333.34

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 117 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Schmall

Mailing Address 5025 Deer View Road

City

Cedar Rapids

State

IA

Zip Code

52411-7869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: 29903367

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jean Weigert

Mailing Address 5 Nilas Way

City

Simsbury

State

CT

Zip Code

06070-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mendell & Bew MD's PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: 30054075

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City

Conyers

State

GA

Zip Code

30013-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068878

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bernard Masters, III

Mailing Address 6 Misty Ln

City

Greenville

State

SC

Zip Code

29615-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Univ of South Car-  
olin

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068879

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Miller

Mailing Address 23 Moffat Rd

City

Waban

State

MA

Zip Code

02468-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton Wellesley Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068907

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City

Sewalls Point

State

FL

Zip Code

34996-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael M. Raskin, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068909

Amount of Each Receipt this Period

250.00

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clarence Davis, III

Mailing Address 609 Springlake Rd

City

Columbia

State

SC

Zip Code

29206-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lexington Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068933

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roy Siragusa

Mailing Address 28 Winding Creek Way

City

Ormond Beach

State

FL

Zip Code

32174-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068934

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068942

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

550.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael 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 ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068944

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068945

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

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 ▼

326.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	9	

Transaction ID: 30068991

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

142.00

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 121 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jandl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068992

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia  
1120 15th St BA1414

City

Augusta

State

GA

Zip Code

30912-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068995

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068996

Amount of Each Receipt this Period

83.34

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

266.68

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

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

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

FOR LINE NUMBER: PAGE 122 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068998

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Wissing

Mailing Address Charlotte Radiology  
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30068999

Amount of Each Receipt this Period

40.00

**C.**

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 Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30069011

Amount of Each Receipt this Period

166.67

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

248.67

**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 123 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 Asso-  
ciates, P.C.

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30069012

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30069014

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel DiPrete

Mailing Address 380 Ocean Rd

City

Narragansett

State

RI

Zip Code

02882-1390

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30070112

Amount of Each Receipt this Period

250.00

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

375.34

**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 124 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080712

Amount of Each Receipt this Period

38.46

**B.**

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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080713

Amount of Each Receipt this Period

38.46

**C.**

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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080714

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 125 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080715

Amount of Each Receipt this Period

38.46

**B.**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080716

Amount of Each Receipt this Period

38.46

**C.**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

923.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080717

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 126 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080718

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

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080719

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

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 ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080720

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 127 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080721

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

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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080722

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

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 ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080723

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  
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FOR LINE NUMBER: PAGE 128 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080725

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080734

Amount of Each Receipt this Period

16.03

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080735

Amount of Each Receipt this Period

38.46

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

92.95

**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 129 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080736

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080737

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080738

Amount of Each Receipt this Period

100.00

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

240.00

**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 130 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080739

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080740

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080741

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Strohmenger

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080742

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080743

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080744

Amount of Each Receipt this Period

100.00

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

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080745

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kerri Dias

Mailing Address 11967 Sackston Ridge Dr

City

Creve Coeur

State

MO

Zip Code

63141-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiology Gro-  
up

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
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080767

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: 30080768

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2100.00

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 133 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Frazier

Mailing Address St Johns Mercy Medical Center  
615 S New Ballas Rd

City State Zip Code  
Saint Louis MO 63141-8277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West County Radiological  
Group

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080769

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Devang Desai

Mailing Address 11989 Moorland Manor Ct

City State Zip Code  
Saint Louis MO 63146-5359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West County Radiological  
Group

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  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080770

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marc Clemente

Mailing Address 7408 Wydown Blvd

City State Zip Code  
Saint Louis MO 63105-2902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West County Radiological  
Group

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  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080771

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 134 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Deborah Wadsworth

Mailing Address 12408 Kirk Place Dr

City

Des Peres

State

MO

Zip Code

63131-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080777

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donna M. Igou

Mailing Address 4472 Maryland Ave.

City

Saint Louis

State

MO

Zip Code

63108-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080778

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Colleen Spieler

Mailing Address 12412 Questover Manor Ct

City

Creve Coeur

State

MO

Zip Code

63141-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080779

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 135 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James L. Littlefield

Mailing Address 576 Stratford Ave

City

Saint Louis

State

MO

Zip Code

63130-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiology Gro-  
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080780

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vikram Rao

Mailing Address 14348 Manderleigh Woods Dr

City

Town And Country

State

MO

Zip Code

63017-8056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080781

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglass Hassell

Mailing Address 4945 Colfax Ave S

City

Minneapolis

State

MN

Zip Code

55419-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: 30080790

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Seth Hardy

Mailing Address 17 Academy St

City

Hallowell

State

ME

Zip Code

04347-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kennebec Valley Radiology

Occupation

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 Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080792

Amount of Each Receipt this Period

365.00

**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 Associa-  
tion

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30080800

Amount of Each Receipt this Period

30.42

**C.**

Full Name (Last, First, Middle Initial)

Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Medical Servic-  
es, Coralvill

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 30082252

Amount of Each Receipt this Period

250.00

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

645.42

**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 137 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 30082256

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft PI

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 30082257

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250574

Amount of Each Receipt this Period

38.46

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

188.46

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

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

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

FOR LINE NUMBER: PAGE 138 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250575

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250576

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250577

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  
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FOR LINE NUMBER: PAGE 139 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250578

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250580

Amount of Each Receipt this Period

38.46

**C.**

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250581

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 140 / 156

(check only one)

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

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect AveCity State Zip Code  
Hackensack NJ 07601-1914FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hackensack Radiology GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250582

Amount of Each Receipt this Period

38.46

**B.**

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 10023-7451FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hackensack Radiology GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250583

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City State Zip Code  
Englewood NJ 07631-3081FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hackensack Radiology GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250585

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250586

Amount of Each Receipt this Period

38.46

**B.**

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250587

Amount of Each Receipt this Period

38.46

**C.**

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 ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250588

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 142 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

884.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250589

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.59

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 30250598

Amount of Each Receipt this Period

16.03

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

54.49

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

188063.27

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

603.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	9	

Transaction ID: 30248289

Amount of Each Receipt this Period

56.15

Interest

SUBTOTAL of Receipts This Page (optional) .....

56.15

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

56.15

# **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 144 / 156

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Ron Wyden

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

**Transaction ID:** 28676584

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
National Republican Congressional Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 29558100

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
National Republican Congressional Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 29558487

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

7500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 145 / 156

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

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

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 29573211

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

7500.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 29573308

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

Dirigo PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Dirigo PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 29574799

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

20000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Braley For Congress

Mailing Address PO Box 390

City  
WaterlooState  
IAZip Code  
50704

Purpose of Disbursement

Candidate Name  
Rep. Bruce BraleyOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 29575960

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City  
Long BranchState  
NJZip Code  
07740

Purpose of Disbursement

Candidate Name  
Rep. Frank Pallone, Jr.Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 29576696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address P.O. Box 19163

City  
Las VegasState  
NVZip Code  
89132

Purpose of Disbursement

Candidate Name  
Sen. Harry ReidOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NV District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 29578221

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	9

Amount of Each Disbursement this Period

2500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 147 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gingrey For Congress	<b>Transaction ID:</b> 29578931 <b>Date of Disbursement</b>																				
Mailing Address PO Box U	<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>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	9												
City Marietta State GA Zip Code 30060	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Phil Gingrey, M.D.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	<b>Transaction ID:</b> 29579853 <b>Date of Disbursement</b>																				
Mailing Address 1212 S. Victory Blvd Suite 211	<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>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Linda T. Sanchez	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Marion Berry For Congress	<b>Transaction ID:</b> 29581229 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8084	<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>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City Jonesboro State AR Zip Code 72403	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Rep. Marion Berry	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 29 Ruff Circle

City  
GlastonburyState  
CTZip Code  
06033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John B. Larson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 01

Transaction ID: 29675435

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Joe Pitts

Mailing Address PO Box 775

City  
UnionvilleState  
PAZip Code  
19375

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Joseph R. Pitts

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 16

Transaction ID: 29715246

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City  
Long BranchState  
NJZip Code  
07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 06

Transaction ID: 29886556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc	<b>Transaction ID:</b> 29886566 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1000	<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>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Des Moines State IA Zip Code 50304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Charles E. Grassley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Kent Conrad	<b>Transaction ID:</b> 29886590 <b>Date of Disbursement</b>																				
Mailing Address PO Box 812	<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>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City Bismarck State ND Zip Code 58502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Kent Conrad	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	<b>Transaction ID:</b> 29886610 <b>Date of Disbursement</b>																				
Mailing Address 25 East Main Street Suite 200	<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>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	9												
City Richmond State VA Zip Code 23219	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Every Republican Is Crucial (ERICPAC)	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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) .....

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gingrey For Congress

Mailing Address PO Box U

City  
MariettaState  
GAZip Code  
30060

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Phil Gingrey, M.D.

Office Sought:

☒

House

☐

Senate

☐

President

State: GA

District: 11

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 29886723

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City  
St. ClairsvilleState  
OHZip Code  
43950

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles A. Wilson

Office Sought:

☒

House

☐

Senate

☐

President

State: OH

District: 06

Disbursement For:

2010

☒

Primary

☐

Other (specify) ▼

☐

General

Transaction ID: 29886733

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC (NDC PAC)

Mailing Address 607 14th Street NW  
Suite 800City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

New Democrat Coalition PAC (NDC PAC)

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 29886752

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 151 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. C.A. Dutch RuppersbergerOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Transaction ID: 29886762

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	9

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
Kind For Congress CommitteeMailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Ron KindOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 29886775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Frank Pallone, Jr.Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 29886780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 152 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Schakowsky For Congress

Mailing Address P.O. Box 5130

City  
EvanstonState  
ILZip Code  
60204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 09

Transaction ID: 29887059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Price For Congress

Mailing Address P.O. Box 425

City  
RoswellState  
GAZip Code  
30077

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Thomas Edmunds Price, M.D.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 06

Transaction ID: 29887065

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City  
TulsaState  
OKZip Code  
74147

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John Sullivan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK

District: 01

Transaction ID: 29887070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29887075</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29887079</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) House Conservatives Fund</p> <p>Mailing Address P. O. Box 2752</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement</p> <p>Candidate Name House Conservatives Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29887082</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	<b>Transaction ID:</b> 29887094 <b>Date of Disbursement</b>																				
Mailing Address PO Box 12567	<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>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Columbia State SC Zip Code 29211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. James E. Clyburn	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	<b>Transaction ID:</b> 29903410 <b>Date of Disbursement</b>																				
Mailing Address PO Box 87	<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>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Uwchland State PA Zip Code 19480	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. James W. Gerlach	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Next Century Fund	<b>Transaction ID:</b> 30054074 <b>Date of Disbursement</b>																				
Mailing Address 116 S Royal Street	<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>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Next Century Fund	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) .....

6000.00

**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 155 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒

House

☐

Senate

☐

President

State: NJ

District: 06

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒ General

Transaction ID: 30104756

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

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

98500.00

# **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 156 / 156

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30249549

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2009

Amount of Each Disbursement this Period

530.12

Bank Fees

SUBTOTAL of Disbursements This Page (optional) .....

530.12

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

530.12