

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

Check if different than previously reported. (ACC)

Reston

VA

20191

4397

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343459

3. IS THIS REPORT

X

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

10

18

2004

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

10

01

2004

through

10

13

2004

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

Milton Guiberteau, M.D.

Signature of Treasurer

Electronically Filed by Milton Guiberteau, M.D.

Date

10

21

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: ^M10 [:]01 ^Y2004 To: ^M10 [:]13 ^Y2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------|--|
| 6. (a) Cash on Hand January 1 ^Y 2004 ^Y | | 392403.68 |
| (b) Cash on Hand at Beginning of Reporting Period | 151926.19 | |
| (c) Total Receipts (from Line 19) | 9176.67 | 424710.09 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 161102.86 | 817113.77 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 14500.00 | 670510.91 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 146602.86 | 146602.86 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period: From: ^M10 ⁻01 ⁻2004 To: ^M10 ⁻13 ⁻2004

| 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) | 6443.67 | |
| (ii) Unitemized | 2733.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 9176.67 | 423129.10 |
| (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) | 9176.67 | 423129.10 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 1580.99 |
| 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)) | 9176.67 | 424710.09 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9176.67 | 424710.09 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14500.00 | 659500.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 11010.91 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 14500.00 | 670510.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31)..... | 14500.00 | 670510.91 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 9176.67 | 423129.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9176.67 | 423129.10 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Gerald W Amey | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address PD Box 1495 | | Transaction ID: 10221210 |
| City Gastonia | State NC | Zip Code 28053-1495 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Gaston Radiology, PA | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Michael J Bowers | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address Mineral King Rad Med Group Inc 1700 S Court St Ste F | | Transaction ID: 10206836 |
| City Visalia | State CA | Zip Code 93277-4949 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Mineral King Rad Med Group Inc | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Donal D Gaylor | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address PD Box 17630 | | Transaction ID: 10206803 |
| City Covington | State KY | Zip Code 41017-0630 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Radiology Associates of N KY | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

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

FOR LINE NUMBER: PAGE 7 / 17

(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

| | | |
|--|---------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Mark M Mishkin | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 183D Rittenhouse Sq | | Transaction ID: 10177607 |
| City Philadelphia | State PA | Zip Code 19103-5814 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-employed | Occupation Radiologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Thomas H Parker | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 39 Porter Lake Drive | | Transaction ID: 10221205 |
| City Longmeadow | State MA | Zip Code 01106-1240 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Radiology & Imaging Inc | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 2500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Karl K Wallace, Jr | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 549 Dryden Pl | | Transaction ID: 10221204 |
| City Charlottesville | State VA | Zip Code 22503-4867 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Univ of VA-School of Medicine | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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|---|---|----------------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Michael P Bartlett | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 2001 Norwood Drive | | Transaction ID: 10206829 |
| City Midland | State MI | Zip Code 48640-6753 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Mid Level Radiology Associates, P.C. | Occupation Diagnostic Radiologist | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Charles H McDonnell, III | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 5436 Ridge Park Dr | | Transaction ID: 10221211 |
| City Loomis | State CA | Zip Code 95650-7701 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer RAS | Occupation Diagnostic Radiologist | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Levon H Nazarian | | Date of Receipt M / D / Y 10 / 01 / 2004 |
| Mailing Address 21 Cameo Ct | | Transaction ID: 10206834 |
| City Cherry Hill | State NJ | Zip Code 08003-5124 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Thomas Jefferson Univ Hosp | Occupation Diagnostic Radiologist | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

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

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

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

FOR LINE NUMBER: PAGE 9 / 17

(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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Karen F Goodhope | | Date of Receipt M / D / Y 10 / 05 / 2004 |
| Mailing Address 43 Aberdeen Pl | | Transaction ID: 10212025 |
| City Saint Louis | State MO | Zip Code 63105-2266 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Central Radiology Group | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 350.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Judith L Peters | | Date of Receipt M / D / Y 10 / 05 / 2004 |
| Mailing Address Saint Vincent Hospital 9205 SW Barnes Rd | | Transaction ID: 10212023 |
| City Portland | State OR | Zip Code 97225-6661 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer The Radiology Group, P.C. | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Jorge Albin | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 645 Mulberry Ln | | Transaction ID: 10275880 |
| City Bellaire | State TX | Zip Code 77401-5803 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 418.67 |
| Name of Employer St Joseph Radiology Associates | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 418.70 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 391.67 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17
(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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Jeffrey R Bessette | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 2723 Oak Borough Run | | Transaction ID: 10275886 |
| City Fort Wayne | State IN | Zip Code 46804-7802 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Fort Wayne Radiology | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 350.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Susan M Edwards | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 131 D1 Waterrack Ln | | Transaction ID: 10275881 |
| City Arcadia | State OK | Zip Code 73007-7631 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Oklahoma Radiology Group | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 2250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr William F Murr, Jr | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 603 Bank Ave | | Transaction ID: 10275507 |
| City Riverton | State NJ | Zip Code 08077-1144 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer South Jersey Rad Assoc PA | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 1000.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 510.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 11 / 17

(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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Robert H Newman | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 913 Southview PI NE | | Transaction ID: 10275885 |
| City Lenoir | State NC | Zip Code 28645-3755 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Lenoir Radiology | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Dale R Shaw | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 3801 Sharon Rd | | Transaction ID: 10275868 |
| City Charlotte | State NC | Zip Code 28211-3325 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 42.00 |
| Name of Employer Charlotte Radiology | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 242.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Christopher G Ulrich | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 2823 Lemon Tree Ln | | Transaction ID: 10275877 |
| City Charlotte | State NC | Zip Code 28211-3843 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 42.00 |
| Name of Employer Charlotte Radiology PA | Occupation Diagnostic Radiologist | Aggregate Year-to-Date ▼ 878.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 134.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 12 / 17
(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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Penni A Barrett | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 502B E B4th St | | Transaction ID: 10225798 |
| City | State | Zip Code |
| Tulsa | OK | 74137-2000 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Radiology Consultants of Tulsa | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr John T Renz | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address PO Box 218 | | Transaction ID: 10275884 |
| City | State | Zip Code |
| Montrose | AL | 36559-0216 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.00 |
| Name of Employer Mobile Infirmary Medical Center | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 830.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr David S Buck | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 144 Penhurst Dr | | Transaction ID: 10275274 |
| City | State | Zip Code |
| Pittsburgh | PA | 15235-5320 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Buck Medical Association | Occupation Diagnostic Radiologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 383.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 13 / 17
(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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr J Keith Thompson | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 10333 Buckwood Ln | | Transaction ID: 10275508 |
| City | State | Zip Code |
| Mechanicville | VA | 23116-4846 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Radiology Associates of Richmond Inc | Occupation Diagnostic Radiologist | 400.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Elizabeth G D'Angelo | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 108 Bur Ben Ln | | Transaction ID: 10275878 |
| City | State | Zip Code |
| New Bern | NC | 28560-7520 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Coastal Radiology | Occupation Diagnostic Radiologist | 1000.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr John A Cassese | | Date of Receipt M / D / Y 10 / 13 / 2004 |
| Mailing Address 200 Boulder Way | | Transaction ID: 10275505 |
| City | State | Zip Code |
| East Greenwich | RI | 02818-5101 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 75.00 |
| Name of Employer Rhode Island Medical Imaging | Occupation Diagnostic Radiologist | 300.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 275.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 14 / 17
(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 | |
| Full Name (Last, First, Middle Initial) A. Dr. Shane Kraske Mailing Address 1185 Wild Prairie Dr <hr/> City State Zip Code Iowa City IA 52246-8707 <hr/> FEC ID number of contributing federal political committee. C | Date of Receipt M / D / Y 10 / 13 / 2004 <hr/> Transaction ID: 10275506 <hr/> Amount of Each Receipt this Period 250.00 |
| Name of Employer Radiologic Medical Services, Coralvill Receipt For: Primary General Other (specify) ▼ | Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 750.00 |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 6443.67 |

**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 15 / 17

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

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

Full Name (Last, First, Middle Initial)
A. Hobson For Congress Committee

Mailing Address 82 W Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement

Candidate Name
Rep. David Hobson

Office Sought: House
Senate
President
State: OH District 7

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US General Elec

011
Category/
Type

Transaction ID: 10279370
Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Northstar Leadership PAC

Mailing Address P.O. Box 4365

City St. Paul State MN Zip Code 55104

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10279371
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Nussle For Congress Committee

Mailing Address P.O. Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement

Candidate Name
Rep. Jim Nussle

Office Sought: House
Senate
President
State: IA District 2

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 US General Elec

011
Category/
Type

Transaction ID: 10279375
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

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

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

Full Name (Last, First, Middle Initial)
A. Ben Cardin For Congress

Mailing Address 100 East Pratt Street 27th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Candidate Name
Rep. Benjamin Cardin

Office Sought: House Senate President
State: MD District 3

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US General Elec

011
Category/
Type

Transaction ID: 10279373
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

Candidate Name
Congressman Richard Neal

Office Sought: House Senate President
State: MA District 2

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US General Elec

011
Category/
Type

Transaction ID: 10279374
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
C. Pickering For Congress

Mailing Address PO Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name
Rep. Charles Pickering, Jr.

Office Sought: House Senate President
State: MS District 3

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 US General Elec

011
Category/
Type

Transaction ID: 10279376
Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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 17 / 17

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

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

Full Name (Last, First, Middle Initial)
A. Whitfield For Congress Committee

Transaction ID: 10279377
Date of Disbursement

Mailing Address P.O. Box 391

10 / 08 / 2004

City Hopkinsville State KY Zip Code 42241

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name
Rep. Ed Whitfield

011
Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General

State: KY District: 1

Other (specify) ▼
2004 US General Elec

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

14500.00