

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** 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 06 01 2009 through 06 30 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

Write or Type Committee Name
American College of Radiology Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		336659.40
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	553729.97									
(c) Total Receipts (from Line 19)	57322.32	654755.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	611052.29	991415.04								
7. Total Disbursements (from Line 31)	123575.56	503938.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	487476.73	487476.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Radiology Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
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)	53729.71	560836.73
(ii) Unitemized	3551.38	90773.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57281.09	651610.64
(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)	57281.09	651610.64
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.)	41.23	645.00
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))	57322.32	654755.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57322.32	654755.64

DETAILED SUMMARY PAGE

of Disbursements

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.....	123000.00	492500.00
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.....	575.56	6011.65
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))..	123575.56	503938.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123575.56	503938.31

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)	57281.09	651610.64
34. Total Contribution Refunds (from Line 28(d))	0.00	3476.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57281.09	648133.98
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 / 115

(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. James Jelinek Mailing Address Washington Hospital Center 110 Irving St NW BA94 City Washington State DC Zip Code 20010-2975 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 9 Transaction ID: 30082125 Amount of Each Receipt this Period 45.00
	Name of Employer Center Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	
B.	Full Name (Last, First, Middle Initial) Dr. Nicholas Manuel Mailing Address 139 Kincaid Ln City Boyce State LA Zip Code 71409-9626 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 9 Transaction ID: 30083062 Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Garry Simons, III Mailing Address 726 Latrobe Way City Macon State GA Zip Code 31220-7622 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 9 Transaction ID: 30245302 Amount of Each Receipt this Period 500.00
	Name of Employer Radiology Associates of Macon Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1045.00

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 / 115

(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. Alan Hillard

Mailing Address 1904 S Fairview Rd

City State Zip Code
Columbia MO 65203-4741

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Columbia Radiology Ltd. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2009

Transaction ID: 30245304

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246385

Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246386

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) 328.46

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 8 / 115
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Arthur S. Albert</p> <p>Mailing Address 124 W 60th St Apt 45</p> <hr/> <p>City State Zip Code New York NY 10023-7451</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer Hackensack Radiology Group</td> <td>Occupation Diagnostic Radiologist</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 461.52</td> </tr> </table>	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	<p>Date of Receipt 06 / 11 / 2009</p> <p>Transaction ID: 30246387</p> <hr/> <p>Amount of Each Receipt this Period 38.46</p>
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52				

<p>B. Full Name (Last, First, Middle Initial) Dr. Harry Agress, JR</p> <p>Mailing Address Hackensack University Medical Ctr 30 Prospect Ave</p> <hr/> <p>City State Zip Code Hackensack NJ 07601-1914</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer Hackensack Radiology Group</td> <td>Occupation Diagnostic Radiologist</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 461.52</td> </tr> </table>	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	<p>Date of Receipt 06 / 11 / 2009</p> <p>Transaction ID: 30246388</p> <hr/> <p>Amount of Each Receipt this Period 38.46</p>
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52				

<p>C. Full Name (Last, First, Middle Initial) Dr. Adam Bogomol</p> <p>Mailing Address 50 W 72nd St Apt 1509</p> <hr/> <p>City State Zip Code New York NY 10023-4132</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer Hackensack Radiology Group</td> <td>Occupation Diagnostic Radiologist</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 461.52</td> </tr> </table>	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	<p>Date of Receipt 06 / 11 / 2009</p> <p>Transaction ID: 30246389</p> <hr/> <p>Amount of Each Receipt this Period 38.46</p>
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52				

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 9 / 115
(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. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246391

Amount of Each Receipt this Period
38.46

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

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246392

Amount of Each Receipt this Period
38.46

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246393

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 115
(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. 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 ▼ 961.52

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246394

Amount of Each Receipt this Period 38.46

B.

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

Mailing Address 3 Ware Rd

City Upper Saddle River State NJ Zip Code 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246395

Amount of Each Receipt this Period 38.46

C.

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246398

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 115
(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. Kavita Patel

Mailing Address 35 Annfield Ct

City State Zip Code
Staten Island NY 10304-1301

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 ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246399

Amount of Each Receipt this Period
38.46

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246400

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246401

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 12 / 115
(check only one)

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

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

A.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246402

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 State Zip Code
New York NY 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246404

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

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 ▼ 211.53

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246405

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 96.15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 115
(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. William Kim

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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 ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246406

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246407

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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 ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246408

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 115
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246410

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246411

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

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 ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30246413

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

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

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

FOR LINE NUMBER: PAGE 15 / 115
(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 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 ▼ 259.65

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246414

Amount of Each Receipt this Period 16.03

B. Full Name (Last, First, Middle Initial)
Dr. Gregory Boys

Mailing Address South Texas Radiology Group
PO Box 29441

City San Antonio State TX Zip Code 78229-0441

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246443

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. James S. Gilley

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City San Antonio State TX Zip Code 78229-5907

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

Name of Employer South Texas Radiology Group, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 11 / 2009

Transaction ID: 30246444

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1516.03

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 / 115
(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. W Lawrence Greif

Mailing Address 130 Box Oak

City State Zip Code
San Antonio TX 78230-5628

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

Name of Employer Occupation
South Texas Radiology Group, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2009

Transaction ID: 30246446

Amount of Each Receipt this Period
1300.00

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

Mailing Address 457 Devils Ln

City State Zip Code
Naples FL 34103-3019

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2009

Transaction ID: 30248266

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr. Heather Pearlman

Mailing Address 2011 Springview Trl

City State Zip Code
Tucker GA 30084-2448

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

Name of Employer Occupation
Northside Radiology Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2009

Transaction ID: 30248268

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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 17 / 115
(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 Soehnen		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 18882 Withrich Rd		Transaction ID: 30251170
City Dalton	State OH	Zip Code 44618-8923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates of Canton	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Gary Geil		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address West Coast Radiology 1100 N Tustin Ave		Transaction ID: 30251171
City Santa Ana	State CA	Zip Code 92705-3595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Santa Ana Tustin Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas Poulton		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address Aultman Hospital 2600 6th St SW		Transaction ID: 30251172
City Canton	State OH	Zip Code 44710-1799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	590.00
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 18 / 115
(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. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

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

Name of Employer Cleveland Clinic Foundati-
on Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251603

Amount of Each Receipt this Period 40.00

B.

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

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251604

Amount of Each Receipt this Period 42.00

C.

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

Mailing Address 2117 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3649

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

Name of Employer Greenville Radiology, PA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251605

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 132.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 115

(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. Scott Klioze		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 7 Cypress Hollow Ln		Transaction ID: 30251607		
	City Ormond Beach	State FL	Zip Code 32174-3047	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiology Associates of Daytona Beach	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Robert Newman		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 913 Southview PI NE		Transaction ID: 30251608		
	City Lenoir	State NC	Zip Code 28645-3755	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Andrew Beloni		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 5624 Laurium Rd		Transaction ID: 30251609		
	City Charlotte	State NC	Zip Code 28226-5610	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

195.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 115

(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. Ira Adler

Mailing Address 879 Lexington Dr

City State Zip Code
Greenville NC 27834-0549

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 30251610

Amount of Each Receipt this Period

40.00

B.

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

Mailing Address 1636 Anita Ln

City State Zip Code
Newport Beach CA 92660-4804

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

Name of Employer Occupation
Newport Harbor Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 30251612

Amount of Each Receipt this Period

40.00

C.

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

Mailing Address 8729 Valentine Ct

City State Zip Code
Raleigh NC 27615-5830

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

Name of Employer Occupation
Wake Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 30251613

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 115

(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. Terry Martin		Date of Receipt <table border="1" style="font-size: small;"> <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>6</td><td></td><td>1</td><td>5</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	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	9													
Mailing Address Rad Assoc of Biirmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 30251614																				
City Birmingham	State AL	Zip Code 35216-2152																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 100.00	1	0	0	0	0	0	0	0	0	0										
1	0	0	0	0	0	0	0	0	0													
Name of Employer Rad Assoc of Biirmingham PC	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 600.00	6	0	0	0	0	0	0	0	0	0											
6	0	0	0	0	0	0	0	0	0													

B.

Full Name (Last, First, Middle Initial) Dr. Kent Lancaster		Date of Receipt <table border="1" style="font-size: small;"> <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>6</td><td></td><td>1</td><td>5</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	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	9													
Mailing Address 3141 Sundance Path		Transaction ID: 30251616																				
City Stevensville	State MI	Zip Code 49127-9376																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td>4</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 42.00	4	2	0	0	0	0	0	0	0	0										
4	2	0	0	0	0	0	0	0	0													
Name of Employer Radiology Associates of Berrie	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td>2</td><td>5</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 252.00	2	5	2	0	0	0	0	0	0	0											
2	5	2	0	0	0	0	0	0	0													

C.

Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema		Date of Receipt <table border="1" style="font-size: small;"> <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>6</td><td></td><td>1</td><td>5</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	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	9													
Mailing Address 2466 Oak Bend PI		Transaction ID: 30251617																				
City Newburgh	State IN	Zip Code 47630-8053																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 60.00	6	0	0	0	0	0	0	0	0	0										
6	0	0	0	0	0	0	0	0	0													
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td>3</td><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 360.00	3	6	0	0	0	0	0	0	0	0											
3	6	0	0	0	0	0	0	0	0													

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="font-size: small;"> <tr><td>2</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 202.00	2	0	2	0	0	0	0	0	0	0										
2	0	2	0	0	0	0	0	0	0												
TOTAL This Period (last page this line number only)	<table border="1" style="font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 115
(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
							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 State Zip Code
Saint Louis MO 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 ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251618

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
Dallas TX 75254-8613

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

Name of Employer Southwest Imaging & Intervention specialis
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.04

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251619

Amount of Each Receipt this Period
208.34

C.

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

Mailing Address 645 Mulberry Ln

City State Zip Code
Bellaire TX 77401-3803

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

Name of Employer Greater Houston Radiology Associates
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251621

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **350.01**

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

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

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

FOR LINE NUMBER: PAGE 23 / 115
(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. Demetrius Morros

Mailing Address 7418 Ridgecrest 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 ▼ 500.04

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251622

Amount of Each Receipt this Period 83.34

B. Full Name (Last, First, Middle Initial)
Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane Unit 55

City Yuma State AZ Zip Code 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 ▼ 750.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251623

Amount of Each Receipt this Period 125.00

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

Mailing Address 1480 Brookfield Road

City Yardley State PA Zip Code 19067-3930

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

Name of Employer Radiology Affiliates of Central NJ Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251624

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 248.34

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 24 / 115
(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. 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 Occupation
Deaconess Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251625

Amount of Each Receipt this Period
41.67

B.

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 Occupation
Windsong Radiology Group Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251627

Amount of Each Receipt this Period
50.00

C.

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 Occupation
Regional Diagnostic Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 30251631

Amount of Each Receipt this Period
312.50

SUBTOTAL of Receipts This Page (optional) ► **404.17**

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 25 / 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		Transaction ID: 30251635		
	City Warren	State MI	Zip Code 48093-3494	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diagnostic Radiology Consultants, PC		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Dr. William Deeter, III		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 14 Ryedale Ct		Transaction ID: 30251636		
	City Greenville	State SC	Zip Code 29615-6037	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Greenville Radiology		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

C.	Full Name (Last, First, Middle Initial) Dr. Robert Mittl, JR		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 4733 Coburn Court		Transaction ID: 30251638		
	City Charlotte	State NC	Zip Code 28277-2593	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00			

SUBTOTAL of Receipts This Page (optional)	123.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 115
(check only one)

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

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

A.

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

Mailing Address 1210 Page Ter

City Villanova State PA Zip Code 19085-2132

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 30251639

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Lynch

Mailing Address 154 Forest Ave

City Cohasset State MA Zip Code 02025-1340

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30256823

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Slobodan Miseljic

Mailing Address 20 Lawrence St

City Boston State MA Zip Code 02116-6211

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

Name of Employer South Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30256824

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 27 / 115

(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. Stephen Bliss

Mailing Address 321 Marlborough St Apt 4F

City State Zip Code
Boston MA 02116-1619

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

Name of Employer Occupation
South Shore Radiology Ass- Diagnostic Radiologist
ociates

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 30256825

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Fitzgerald

Mailing Address 7594 East Quaker Rd

City State Zip Code
Orchard Park NY 14127-2015

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

Name of Employer Occupation
Southtowns Radiology Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 30256827

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

DR Michael Kasotakis

Mailing Address 1607 Harbal Dr Apt 1607

City State Zip Code
Ann Arbor MI 48105-1815

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

Name of Employer Occupation
Huron Valley Radiology, Diagnostic Radiologist
P.C.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 30256838

Amount of Each Receipt this Period

250.00

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 28 / 115
(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 Schwartzberg

Mailing Address 1250 McLynn Ave NE

City Atlanta State GA Zip Code 30306-2530

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

Name of Employer Georgia Baptist Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30256841

Amount of Each Receipt this Period 40.00

B.

Full Name (Last, First, Middle Initial)
Dr. Timothy Waltner

Mailing Address 5143 Meadow Height Dr

City Shawnee State KS Zip Code 66226-8501

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

Name of Employer Northland Radiology, Inc. Occupation Neuroradiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30259060

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mitchel Kim

Mailing Address 8228 N Pelican Ln

City River Hills State WI Zip Code 53217-2056

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

Name of Employer Wisconsin Radiology Specialists, S.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30259061

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **655.00**

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 / 115
(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. Fred Klein

Mailing Address 4334 Bellhaven Ln

City Oshkosh State WI Zip Code 54904-9338

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

Name of Employer Radiology Associates of Fox Valley SC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30259062

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Francis Pauli

Mailing Address 853 Asa Gray Dr

City Ann Arbor State MI Zip Code 48105-2566

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

Name of Employer Huron Valley Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30259063

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 6602 E Gelding Dr

City Scottsdale State AZ Zip Code 85254-3344

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

Name of Employer Huron Valley Radiology, P.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2009

Transaction ID: 30259064

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 30 / 115
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Lawrence Davis

Mailing Address 5 Veritas Way

City State Zip Code
Barrington RI 02806-2751

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

Name of Employer: Rhode Island Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30259077

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 175 Downing Dr

City State Zip Code
Johnston RI 02919-6441

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

Name of Employer: Rhode Island Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30259078

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jerrold Boxerman

Mailing Address 24 Eisenhower Dr

City State Zip Code
Sharon MA 02067-2413

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

Name of Employer: Rhode Island Medical Imaging
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 30259079

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 31 / 115
(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 Cronan

Mailing Address 6 Atlantic Crossing

City State Zip Code
Barrington RI 02806-2358

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2009

Transaction ID: 30259080

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thaddeus Herliczek

Mailing Address 14 Winterberry Lane

City State Zip Code
Westport MA 02790-2638

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2009

Transaction ID: 30259081

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Leo Flynn

Mailing Address 5625 Blue Stem Ct

City State Zip Code
Rapid City SD 57702-8990

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

Name of Employer Occupation
Univ of OK Hlth Sci Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2009

Transaction ID: 30319607

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 115
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. David White		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 7800 Columbine Ct.		Transaction ID: 30319608
City	State	Zip Code
Rapid City	SD	57702-9080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Dakota Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Dr. Timothy Frost		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 7660 Elkhart Rd		Transaction ID: 30319609
City	State	Zip Code
Rapid City	SD	57702-4793
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Ronald Baxter		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address Radiology Associates 716 Quincy St		Transaction ID: 30319610
City	State	Zip Code
Rapid City	SD	57701-3632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 115
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Brian Baxter		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 9151 Clarkson Rd		Transaction ID: 30319611
City Rapid City	State SD	Zip Code 57702-9193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Dr. Dennis Nesbit		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 2716 Country Club Dr		Transaction ID: 30319612
City Rapid City	State SD	Zip Code 57702-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Gregory Saffell		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 3981 Forest Park Cir		Transaction ID: 30319613
City Rapid City	State SD	Zip Code 57702-6927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 115
(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. Janet Shaefer

Mailing Address PO Box 1574

City State Zip Code
Rapid City SD 57709-1574

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319614

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jon Stenberg

Mailing Address 403 N Berry Pine Road

City State Zip Code
Rapid City SD 57702-1856

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319615

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Dr. Rebecca Belsaas

Mailing Address 5980 Wildwood Dr

City State Zip Code
Rapid City SD 57702-8818

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319616

Amount of Each Receipt this Period
600.00

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 115
(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. Robert Durst, JR

Mailing Address 5353 Berglund Rd

City State Zip Code
Rapid City SD 57701-8914

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319617

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 13891Clydesdale Rd

City State Zip Code
Rapid City SD 57702-7339

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

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319618

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 3980 Corral Dr

City State Zip Code
Rapid City SD 57702-9283

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

Name of Employer Radiology Associates, LLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319619

Amount of Each Receipt this Period
600.00

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 115

(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 Ryvicker

Mailing Address 46 Alton Rd

City State Zip Code
Providence RI 02906-4704

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30319630

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Julie Song

Mailing Address 9 Lu Stubbs Ln

City State Zip Code
Sharon MA 02067-2367

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30319631

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 20 Pardons Wood Ln

City State Zip Code
East Greenwich RI 02818-1446

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30319632

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 37 / 115
(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. Nathaniel Adamson

Mailing Address 177 Diamond Ct

City State Zip Code
Harrisonburg VA 22801-3414

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

Name of Employer Rockingham Radiologists, Ltd. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319633

Amount of Each Receipt this Period
365.00

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

Mailing Address 1701 Stonehenge Rd

City State Zip Code
Charleston WV 25314-1675

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

Name of Employer KVR Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 30319634

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Raymond Thomas

Mailing Address Florence Radiological
515 Rosewood Drive

City State Zip Code
Florence SC 29501-5455

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

Name of Employer Florence Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30344176

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **1427.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 115

(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. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City State Zip Code
Florence SC 29506-8552

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

Name of Employer Occupation
Florence Radiological Associates, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 312.50

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2009

Transaction ID: 30344184

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Dr. Carol Collings

Mailing Address 9584 Estes Rd

City State Zip Code
Macon GA 31220-5611

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

Name of Employer Occupation
Radiology Associates of Macon, P.C. Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2009

Transaction ID: 30366968

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Grand

Mailing Address 21 Westford Rd

City State Zip Code
Providence RI 02906-4943

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2009

Transaction ID: 30366970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

812.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 115
(check only one)

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

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

A.

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

Mailing Address 5 Lighthouse Ln

City State Zip Code
Barrington RI 02806-2829

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

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30366971

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 38 Lake Forest Dr

City State Zip Code
Richmond Heights MO 63117-1303

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

Name of Employer
Radiologic Imaging Consultants

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30366973

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 200 Exchange St Unit 1216

City State Zip Code
Providence RI 02903-2624

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

Name of Employer
Rhode Island Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30366974

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 40 / 115
(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. Linda Donegan

Mailing Address 125 Juniper Dr

City State Zip Code
East Greenwich RI 02818-1371

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: 30367253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

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

Transaction ID: 30440666

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

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

Transaction ID: 30440667

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

326.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 115
(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. Robert Krugman

Mailing Address 10 Lexington Ct

City State Zip Code
Englewood NJ 07631-3081

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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440668

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 35 Annfield Ct

City State Zip Code
Staten Island NY 10304-1301

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440669

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 State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440670

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 42 / 115
(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. 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 ▼ 499.98

Date of Receipt 06 / 22 / 2009
Transaction ID: 30440673
Amount of Each Receipt this Period 38.46

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

Mailing Address 50 W 72nd St Apt 1509

City New York State NY Zip Code 10023-4132

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 22 / 2009
Transaction ID: 30440674
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 ▼ 499.98

Date of Receipt 06 / 22 / 2009
Transaction ID: 30440675
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 43 / 115
(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 Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 22 / 2009
Transaction ID: 30440676
Amount of Each Receipt this Period: 38.46

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 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 ▼ 499.98

Date of Receipt: 06 / 22 / 2009
Transaction ID: 30440677
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 State Zip Code
Hoboken NJ 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 ▼ 999.98

Date of Receipt: 06 / 22 / 2009
Transaction ID: 30440681
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 44 / 115
(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. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440682

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440683

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440684

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 45 / 115
(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 State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440685

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

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 ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440687

Amount of Each Receipt this Period
19.23

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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 ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440688

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 76.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 115
(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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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. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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 ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440689

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440690

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440691

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

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

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

FOR LINE NUMBER: PAGE 47 / 115
(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. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440696

Amount of Each Receipt this Period
19.23

B. Full Name (Last, First, Middle Initial)
Dr. Gail Starr

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

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 ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440697

Amount of Each Receipt this Period
19.23

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

Mailing Address 140 Chestnut St

City State Zip Code
Englewood NJ 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 ▼ 275.68

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30440698

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 115
(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. John Williams

Mailing Address 1108 Hazeltine Ln NW

City State Zip Code
Kennesaw GA 30152-4742

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

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30458086

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 470 Winfield Glen Ct NE

City State Zip Code
Atlanta GA 30342-1430

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

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30458087

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sarah Bochar

Mailing Address 85 N Devereux Ct NW

City State Zip Code
Atlanta GA 30327-4225

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

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30458088

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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 / 115

(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. Richard Noto

Mailing Address 1 Ferncliffe Rd

City State Zip Code
Barrington RI 02806-4017

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30458091

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Holly Gil

Mailing Address 17 Adams Point Rd

City State Zip Code
Barrington RI 02806-5005

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30458092

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Silverstein

Mailing Address 418 Spring House Cv NE

City State Zip Code
Atlanta GA 30307-1187

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

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30458093

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 50 / 115
(check only one)

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

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

A.

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

Mailing Address 798 Birds Mill SE

City State Zip Code
Marietta GA 30067-5135

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

Name of Employer Occupation
Quantum Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30458094

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Medical Center
1900 South Ave C02-002

City State Zip Code
La Crosse WI 54601-5467

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

Name of Employer Occupation
Gundersen Lutheran Clinic Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30458095

Amount of Each Receipt this Period
83.34

C.

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

Mailing Address 1362 Magdalena Ave., V-102

City State Zip Code
San Juan PR 00907-2029

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

Name of Employer Occupation
MedScan, PSC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 30459905

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2083.34**

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 51 / 115
(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 Hecht-Leavitt

Mailing Address MRI & CT Diagnostics
4668 Pembroke Blvd Ste 109

City Virginia Beach State VA Zip Code 23455-6423

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

Name of Employer MRI & CT Diagnostics Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2009
Transaction ID: 30459908
Amount of Each Receipt this Period 1000.00

B. 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 & Merritt Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 29 / 2009
Transaction ID: 30479143
Amount of Each Receipt this Period 40.00

C. 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 ▼ 600.00

Date of Receipt 06 / 29 / 2009
Transaction ID: 30479144
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1140.00

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 / 115
(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. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30479145

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City State Zip Code
Panama City FL 32404-5794

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30479146

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 706 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30479147

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 53 / 115
(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. Scott Ramey		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address Bay Radiology Assoc PA PO Box 1770		Transaction ID: 30479148
City Panama City	State FL	Zip Code 32402-1770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bay Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Dr. James Strohenger		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 2818 Canal Dr		Transaction ID: 30479149
City Panama City	State FL	Zip Code 32405-1610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bay Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Emily Billingsley		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 449 Sudduth Ave		Transaction ID: 30479150
City Panama City	State FL	Zip Code 32401-3958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bay Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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 54 / 115
(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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City State Zip Code
Lynn Haven FL 32444-3455

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30479151

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City State Zip Code
Panama City FL 32401-3979

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30479152

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Isaac Kirk, III

Mailing Address 3756 Westerman

City State Zip Code
Houston TX 77005-1168

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

Name of Employer Occupation
St. Joseph Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483516

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 / 115
(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. Bibb Allen, JR

Mailing Address 3245 E Briarcliff Rd

City Birmingham State AL Zip Code 35223-1304

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 06 / 30 / 2009

Transaction ID: 30483545

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul Sangster

Mailing Address 3281 S Little Dr

City Flagstaff State AZ Zip Code 86001-9119

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 06 / 30 / 2009

Transaction ID: 30483546

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Rhodes, III

Mailing Address 1041 Maple Ct

City Athens State GA Zip Code 30606-5746

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

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483547

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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 / 115
(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. C Smith

Mailing Address 124 W Lake Ct

City Athens State GA Zip Code 30606-4655

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

Name of Employer Athens Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483548

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Dr. Curtis Poor

Mailing Address 2415 Eagle Cir

City Bettendorf State IA Zip Code 52722-6202

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

Name of Employer Radiology Group PC SC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483549

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sean Theisen

Mailing Address 1346 Whispering Maples Ct

City Ann Arbor State MI Zip Code 48108-2492

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

Name of Employer Huron Valley Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483607

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 875.00

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 / 115
(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 Yuhasz		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Tacoma Radiological Associates PO Box 1535		Transaction ID: 30483608
City Tacoma	State WA	Zip Code 98401-1535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tacoma Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Michael Shick		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2921 Crossfield Dr		Transaction ID: 30483609
City Greensboro	State NC	Zip Code 27408-6743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Wake Forest Univ Baptist Med C	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Mark Alson		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 6641 N Forkner Ave		Transaction ID: 30483624
City Fresno	State CA	Zip Code 93711-1326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Sierra Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	425.00
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 / 115

(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. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483625

Amount of Each Receipt this Period

40.00

B.

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 ▼

252.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483626

Amount of Each Receipt this Period

42.00

C.

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 ▼

360.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483627

Amount of Each Receipt this Period

60.00

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 59 / 115
(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. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30483628

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2153

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

Name of Employer Radiology Associates of Birmingham Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30483629

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address Emory Univ Hosp
1701 Uppergate Dr 1st Fl C1104

City State Zip Code
Atlanta GA 30322-0001

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

Name of Employer Emory University Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30483630

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 / 115
(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 Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
Greenville NC 27834-0507

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

Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483635

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 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 ▼ 366.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483636

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 939 Quarter Round Road

City State Zip Code
Pacolet SC 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483637

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 / 115
(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 Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483638

Amount of Each Receipt this Period
40.00

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483639

Amount of Each Receipt this Period
40.00

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

Mailing Address Medical College of Georgia
1120 15th St BA1414

City State Zip Code
Augusta GA 30912-0006

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

Name of Employer Occupation
Medical College of Georgia Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483640

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **163.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 115
(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
							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 State Zip Code
Monroe NC 28110-8408

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483642

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 State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483643

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 10525 Concord School Rd

City State Zip Code
Saint Louis MO 63128-1232

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

Name of Employer Occupation
West County Radiological Group, Inc. Cardiac Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1255.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30483645

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **167.00**

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 / 115
(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. 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 ▼ 500.04

Date of Receipt 06 / 30 / 2009
Transaction ID: 30483649
Amount of Each Receipt this Period 83.34

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

Mailing Address 7713 Oakmont PI

City Raleigh State NC Zip Code 27615-5492

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30483652
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City Greenville State NC Zip Code 27858-0678

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

Name of Employer Eastern Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30483653
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 163.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 115
(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. Marcela Bohm-Velez		Date of Receipt																				
	Mailing Address Weinstein Imaging Associates 5850 Centre Ave		<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>6</td><td></td><td>3</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	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City State Zip Code Pittsburgh PA 15206-3780		Transaction ID: 30483657																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67																					
Name of Employer Occupation Weinstein Imaging Associates Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02																					

B.	Full Name (Last, First, Middle Initial) Jr., M.D. Charles Schranck		Date of Receipt																				
	Mailing Address 75 Fairmount Dr., North		<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>6</td><td></td><td>3</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	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City State Zip Code Alton IL 62002-3207		Transaction ID: 30483658																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00																					
Name of Employer Occupation Midwest Radiological Associates, P.C. Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00																					

C.	Full Name (Last, First, Middle Initial) Dr. Eric Sax		Date of Receipt																				
	Mailing Address 9 Old Sudbury Rd		<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>6</td><td></td><td>3</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	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City State Zip Code Lincoln MA 01773-4807		Transaction ID: 30483660																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34																					
Name of Employer Occupation The Imaging Institute Diagnostic Radiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.04																					

SUBTOTAL of Receipts This Page (optional)	292.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 115
(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. Kay Lozano		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8100 E Union Ave Apt 2104		Transaction ID: 30483663
	City State Zip Code Denver CO 80237-2979	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.42
	Name of Employer Radiology Imaging Association	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 682.52	

B.	Full Name (Last, First, Middle Initial) Dr. William Ketcham, II		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8824 Wildflower Dr		Transaction ID: 30483665
	City State Zip Code Cheyenne WY 82009-1215	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
	Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Dr. Karl Chiang		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Eastern Radiologists Inc 9 Doctors Park		Transaction ID: 30483666
	City State Zip Code Greenville NC 27834-2801	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
	Name of Employer Eastern Radiologists Inc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	110.42
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 66 / 115
(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. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483667

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

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 ▼ 300.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30483669

Amount of Each Receipt this Period 50.00

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

Mailing Address 73 Norwood St

City Sharon State MA Zip Code 02067-1262

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

Name of Employer Brown University Alpert Medical School Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30484740

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 / 115
(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. Ana Lourenco

Mailing Address 7 Weston Ave

City State Zip Code
Foxboro MA 02035-1863

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

Name of Employer Occupation
Rhode Island Medical Imaging Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30484741

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Mayo-Smith

Mailing Address Rhode Island Hospital
593 Eddy St

City State Zip Code
Providence RI 02903-4970

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

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30484742

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City State Zip Code
Davenport IA 52807-2833

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

Name of Employer Occupation
Radiology Group, P.C. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30489996

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 115
(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 Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City Washington State DC Zip Code 20010-2975

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

Name of Employer Center Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30489997
Amount of Each Receipt this Period 45.00

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

Mailing Address 7101 E Berneil Ln

City Paradise Valley State AZ Zip Code 85253-1973

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30489999
Amount of Each Receipt this Period 225.00

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

Mailing Address 9477 E Shangri LA Rd

City Scottsdale State AZ Zip Code 85260-6143

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490000
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 420.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 115
(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. Daniel Maki

Mailing Address 9944 E South Bend Dr

City State Zip Code
Scottsdale AZ 85255-2538

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

Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490001

Amount of Each Receipt this Period
120.00

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

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490002

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
Scottsdale AZ 85259-2917

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490004

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 390.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 115
(check only one)

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

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

A.

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

Mailing Address 13026 E Turquoise Ave

City State Zip Code
Scottsdale AZ 85259-5341

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490005

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address Scottsdale Medical Imaging Ltd
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490006

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Chad Palmer

Mailing Address 10678 E Palm Ridge Dr

City State Zip Code
Scottsdale AZ 85255-1717

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490007

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 115
(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. Rodney Owen		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 9122 N 60th St		Transaction ID: 30490009		
	City Paradise Valley	State AZ	Zip Code 85253-1735	Amount of Each Receipt this Period 190.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

B.	Full Name (Last, First, Middle Initial) Dr. Vipin Bansal		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 30490010		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Dr. Garyun Blackmon		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 8370 Rustic Woods Way		Transaction ID: 30490036		
	City Loomis	State CA	Zip Code 95650-8038	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)

590.00

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 / 115
(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 State Zip Code
Folsom CA 95630-8140

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490037
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Jonathan Breslau

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 Associates of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.02

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490038
 Amount of Each Receipt this Period: 440.02

C. Full Name (Last, First, Middle Initial)
Dr. Nicole Carbo

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490039
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **740.02**

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 / 115

(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. Christopher Chong Mailing Address 27075 E El Macero City State Zip Code El Macero CA 95618-1006 FEC ID number of contributing federal political committee. C Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Transaction ID: 30490040 Amount of Each Receipt this Period 200.00
B.	Full Name (Last, First, Middle Initial) Dr. Huu-Ninh Dao Mailing Address 2627 Rockwell Dr City State Zip Code Davis CA 95618-7664 FEC ID number of contributing federal political committee. C Name of Employer Radiological Associates of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Transaction ID: 30490051 Amount of Each Receipt this Period 200.00
C.	Full Name (Last, First, Middle Initial) Dr. John De la Vega Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy City State Zip Code Sacramento CA 95815-4227 FEC ID number of contributing federal political committee. C Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1220.01	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Transaction ID: 30490052 Amount of Each Receipt this Period 420.01

SUBTOTAL of Receipts This Page (optional)

820.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 115
(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. Roland DeMarco

Mailing Address 5174 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490053

Amount of Each Receipt this Period

100.00

B.

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 ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490055

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

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 ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490061

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

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 / 115
(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. 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 Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490062

Amount of Each Receipt this Period

200.00

B.

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490063

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City State Zip Code
Sacramento CA 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 ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490064

Amount of Each Receipt this Period

168.00

SUBTOTAL of Receipts This Page (optional)

568.00

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 / 115
(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 Kuo

Mailing Address 2619 Mariella Dr

City State Zip Code
Rocklin CA 95765-5618

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490065
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City State Zip Code
El Macero CA 95618-1021

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490066
 Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City State Zip Code
Fresno CA 93730-3596

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490067
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 115
(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. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490068
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490069
 Amount of Each Receipt this Period: 200.00

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

Mailing Address 5436 Ridge Park Dr

City State Zip Code
Loomis CA 95650-7701

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490070
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 115
(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. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490071
 Amount of Each Receipt this Period: 100.00

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

Mailing Address Rad Assoc of Sacramento Med Grp
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 Med Gr
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490072
 Amount of Each Receipt this Period: 200.00

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

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
Carmichael CA 95608-4571

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.04

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30490073
 Amount of Each Receipt this Period: 416.68

SUBTOTAL of Receipts This Page (optional) ► **716.68**

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 79 / 115
(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 Sacramento State CA Zip Code 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490074
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Albert Schraner

Mailing Address 5300 Tufts St

City Davis State CA Zip Code 95616-7219

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490075
Amount of Each Receipt this Period 200.00

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

Mailing Address 2806 Hoffman Bluff Way

City Carmichael State CA Zip Code 95608-4522

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490076
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 115
(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. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490077

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Erik Soloff

Mailing Address 3053 Freeport Blvd #198

City State Zip Code
Sacramento CA 95818-4346

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 ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490078

Amount of Each Receipt this Period

75.00

C.

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 Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490079

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

475.00

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 / 115

(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 Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490080

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bahram Varjavand

Mailing Address 1501 Chalupa Pl

City State Zip Code
Davis CA 95618-6757

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490081

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1214.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490082

Amount of Each Receipt this Period

414.28

SUBTOTAL of Receipts This Page (optional)

714.28

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 / 115

(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 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 Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30490084

Amount of Each Receipt this Period 200.00

B.

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 Sacramento
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30490085

Amount of Each Receipt this Period 200.00

C.

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 ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 30490086

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 115
(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 W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
Sacramento CA 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 ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 30490088

Amount of Each Receipt this Period
100.00

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 Sacramento Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 30490089

Amount of Each Receipt this Period
200.00

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 Sacramento Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 30490090

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 / 115
(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. Brian Goldsmith		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Radiological Assoc of Sacramento 2800 L St Ste 10		Transaction ID: 30490095
City Sacramento	State CA	Zip Code 95816-5616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Christopher Jones		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Radiological Assoc of Sacramento 2800 L St Ste 10		Transaction ID: 30490096
City Sacramento	State CA	Zip Code 95816-5616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.

Full Name (Last, First, Middle Initial) Dr. Susan Lee		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 30490097
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	660.00
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 / 115
(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 Linstadt		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Radiation Oncology Centers 2 Medical Plaza Dr Ste 180		Transaction ID: 30490098
City Roseville	State CA	Zip Code 95661-3049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Radiation Oncology Centers	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Dr. Mark Logsdon		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 30490099
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Anthony Pu		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 30490100
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Radiological Assoc of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 / 115
(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 Rosenthal

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490101

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Janice Ryu

Mailing Address 2090 8th Ave

City State Zip Code
Sacramento CA 95818-4211

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

Name of Employer

Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490102

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Suplica

Mailing Address Sutter Cancer Ctr
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

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

Name of Employer UCSF Long Hospital L-08 Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490103

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 87 / 115

(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. Harvey Wolkov

Mailing Address Radiation Oncology Center
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

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

Name of Employer Radiological Assoc. of Sacramento Med C
Occupation Radiation Oncologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490104

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Agola

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Medical Center Radiologists, I
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490107

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Donnal

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Medical Center Radiologists
Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490108

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional)

632.00

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 / 115
(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. Theodore Dorsay		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 1500 Chandon Cres		Transaction ID: 30490109	
City Virginia Beach	State VA	Zip Code 23454-1367	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

B.

Full Name (Last, First, Middle Initial) Richard George Foster		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 307 Snowberry Circle		Transaction ID: 30490117	
City Venetia	State PA	Zip Code 15367-1045	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.

Full Name (Last, First, Middle Initial) Dr. Yan Gao		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 1521 Mirassou Ln		Transaction ID: 30490118	
City Virginia Beach	State VA	Zip Code 23454-1373	Amount of Each Receipt this Period 252.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

SUBTOTAL of Receipts This Page (optional)	792.00
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 89 / 115

(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. Lauren Granata

Mailing Address 1317 Five Point Rd

City State Zip Code
Virginia Beach VA 23454-1930

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

Name of Employer Occupation
Medical Center Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490119

Amount of Each Receipt this Period

252.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Ho

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Occupation
Medical Center Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490120

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lester Johnson

Mailing Address 1021 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6154

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490121

Amount of Each Receipt this Period

249.99

SUBTOTAL of Receipts This Page (optional)

756.99

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 90 / 115
(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. Yoonah Kim		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 917 Kings Cross		Transaction ID: 30490122		
	City Virginia Beach	State VA	Zip Code 23452-6230	Amount of Each Receipt this Period 252.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Medical Center Radiologists, Inc		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 504.00					

B.	Full Name (Last, First, Middle Initial) Dr. Phillip Luebbert		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 9528 25th Bay St		Transaction ID: 30490123		
	City Norfolk	State VA	Zip Code 23518-1812	Amount of Each Receipt this Period 252.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Medical Center Radiologists		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 504.00					

C.	Full Name (Last, First, Middle Initial) Dr. Susan McKenzie		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220		Transaction ID: 30490124		
	City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 252.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Medical Center Radiologists, I		
Occupation Diagnostic Radiologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 504.00					

SUBTOTAL of Receipts This Page (optional)	756.00
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 91 / 115
(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. Eveleen Oleinik

Mailing Address 1021 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6154

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490125

Amount of Each Receipt this Period
125.01

B.

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

Mailing Address 3309 Chappell Pl

City State Zip Code
Virginia Beach VA 23452-6290

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490126

Amount of Each Receipt this Period
252.00

C.

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

Mailing Address 1037 Long Beeches Ave

City State Zip Code
Chesapeake VA 23320-0681

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 30490127

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **527.01**

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

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

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

FOR LINE NUMBER: PAGE 92 / 115
(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. Harlan Vingan

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

City Norfolk State VA Zip Code 23502-4101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490128
Amount of Each Receipt this Period 252.00

B. Full Name (Last, First, Middle Initial)
Dr. Jennifer Weaver

Mailing Address 1029 Assembly Dr

City Virginia Beach State VA Zip Code 23454-2874

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490129
Amount of Each Receipt this Period 300.00

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

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

City Norfolk State VA Zip Code 23502-4101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 30490130
Amount of Each Receipt this Period 252.00

SUBTOTAL of Receipts This Page (optional) ▶ **804.00**

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 93 / 115

(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. John Whitbeck

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Occupation
Medical Center Radiologists, I Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30490131

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frederic Conte

Mailing Address 918 Colby Dr

City State Zip Code
Davis CA 95616-1758

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

Name of Employer Occupation
Radiological Assoc. of Sacramento 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 6 / 3 0 / 2 0 0 9

Transaction ID: 34355579

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

226.00

TOTAL This Period (last page this line number only)

53729.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 115
(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)
Vanguard

Mailing Address PO Box 13750

City State Zip Code
Philadelphia PA 19101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
645.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30659743

Amount of Each Receipt this Period
41.23

Interest

SUBTOTAL of Receipts This Page (optional)	▶	41.23
TOTAL This Period (last page this line number only)	▶	41.23

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Heller For Congress

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Dean Heller

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NV District: 02

Transaction ID: 29886696
Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
John D. Dingell For Congress

Mailing Address 607 14th Street, Nw Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John D. Dingell

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MI District: 15

Transaction ID: 29887115
Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District: 29

Transaction ID: 29887117
Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

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)

<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) Nelson For U S Senate Mailing Address PO Box 8666 City Omaha State NE Zip Code 68108 Purpose of Disbursement Candidate Name Sen. Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29887130 Date of Disbursement 06 / 03 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Kendrick Meek For Florida Mailing Address 111 Nw 183rd Street Suite 325 City Miami State FL Zip Code 33169 Purpose of Disbursement Candidate Name Mr. Kendrick Meek Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29903444 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) CAPPAC Mailing Address 38 IVY ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Candidate Name CAPPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30058405 Date of Disbursement 06 / 05 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type

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

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

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

FOR LINE NUMBER:
(check only one)

<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) Demint For Senate Committee Inc Mailing Address PO Box 12425 City Columbia State SC Zip Code 29211 Purpose of Disbursement 011 Candidate Name Sen. James W. DeMint Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District:	Transaction ID: 30058422 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement 011 Candidate Name Rep. Thomas Edmunds Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	Transaction ID: 30068873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Schiff For Congress Mailing Address 777 S. Figueroa St. Suite 4050 City Los Angeles State CA Zip Code 90017 Purpose of Disbursement 011 Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 29	Transaction ID: 30080875 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 115

<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) Charlie Crist For Us Senate <hr/> Mailing Address PO Box 1694 <hr/> City Tallahassee State FL Zip Code 32302 <hr/> Purpose of Disbursement <hr/> Candidate Name Charlie Crist <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30083981 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Donna Christensen Campaign <hr/> Mailing Address PO Box 5197 <hr/> City St. Croix State VI Zip Code 00823 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Donna M. Christensen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30169957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of John Tanner <hr/> Mailing Address Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30175900 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	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 Page

FOR LINE NUMBER: (check only one)

PAGE 100 / 115

<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) Richard Burr Committee; The Mailing Address Post Office Box 5928 City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement 011 Candidate Name Sen. Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 30177717 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2009 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress Mailing Address Post Office Box 112 City Burlingame State CA Zip Code 94011 Purpose of Disbursement 011 Candidate Name Rep. Jackie Speier Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12	Transaction ID: 30178140 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2009 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 011 Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: 30178706 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2009 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Berkley For Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30185289 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 011 Candidate Name Rep. James E. Clyburn <hr/> 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) ▼	Transaction ID: 30218457 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee <hr/> Mailing Address Post Office Box 28001 PO Box 28001 <hr/> City Raleigh State NC Zip Code 27611 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Bob Etheridge <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30218461 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">5500.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 30218568 Date of Disbursement 06 / 11 / 2009
	Mailing Address P. O. Box 1919	Amount of Each Disbursement this Period 1500.00
	City Janesville State WI Zip Code 53547	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Paul D. Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 30218578 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1500.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee	Transaction ID: 30219224 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 1500	Amount of Each Disbursement this Period 2000.00
	City Chico State CA Zip Code 95927	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Wally Herger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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>A. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30219654 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
1500.00																						
<p>B. Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. F Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30219659 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Souder For Congress Inc.</p> <p>Mailing Address P.O. Box 40233</p> <p>City Fort Wayne State IN Zip Code 46804</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mark E. Souder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30219669 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	7	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	7	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boyd For Congress Mailing Address P.O. Box 15703 City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Candidate Name Mr. F Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30219672 Date of Disbursement 06 / 24 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/Type
B.	Full Name (Last, First, Middle Initial) Senate Victory Fund Mailing Address P.O. Box 7274 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Candidate Name Senate Victory Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30219675 Date of Disbursement 06 / 24 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/Type
C.	Full Name (Last, First, Middle Initial) Andre Carson For Congress Mailing Address P.O. Box 1863 City Indianapolis State IN Zip Code 46206 Purpose of Disbursement Candidate Name Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30219677 Date of Disbursement 06 / 24 / 2009 Amount of Each Disbursement this Period 3000.00 011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30219828 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	5	/	2	0	0	9													
1500.00																						
<p>B. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 18</p>	<p>Transaction ID: 30219829 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	6	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Forward Together PAC</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Forward Together PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30219830 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	5	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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**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 106 / 115

<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>A. Full Name (Last, First, Middle Initial) We The People PAC</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name We The People PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30219831 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	7	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	7	/	2	0	0	9													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Common Sense Common Solutions PAC</p> <p>Mailing Address 901 N Washington St Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Common Sense Common Solutions PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30219834 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	3	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 26</p>	<p>Transaction ID: 30224475 Date of Disbursement <table border="1" style="width: 100%;"> <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>6</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	9	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	9	/	2	0	0	9													
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 107 / 115

<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) Donna Christensen Campaign Mailing Address PO Box 5197 City St. Croix State VI Zip Code 00823 Purpose of Disbursement Candidate Name Rep. Donna M. Christensen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30246367 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Buckeye Liberty PAC Mailing Address 1155 21st Street, NW Suite 300 City Washington State DC Zip Code 20036 Purpose of Disbursement Candidate Name Buckeye Liberty PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30246378 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30248189 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 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 Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 313 C Street Ne <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kirsten Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30248194 Date of Disbursement 06 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sue Myrick For Congress <hr/> Mailing Address P.O. Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Sue Wilkins Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30251154 Date of Disbursement 06 / 16 / 2009
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Campaign for our Country <hr/> Mailing Address 10 G Street NE Suite 710 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Campaign for our Country <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30256844 Date of Disbursement 06 / 17 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 30313033 Date of Disbursement 06 / 17 / 2009
	Mailing Address 1819 Brownsboro Road Suite 100	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40202	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John A. Yarmuth	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 30313317 Date of Disbursement 06 / 17 / 2009
	Mailing Address PO Box 871	Amount of Each Disbursement this Period 5000.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 30440517 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO Box 999	Amount of Each Disbursement this Period 1500.00
	City Montross State VA Zip Code 22520	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Robert Wittman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA 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)	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)

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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

A. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona <hr/> Mailing Address PO Box 993 <hr/> City Prescott State AZ Zip Code 86302 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Ann Kirkpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30440518 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis <hr/> Mailing Address 5956 W. Race Avenue <hr/> City Chicago State IL Zip Code 60644 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Danny K. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30446988 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wyden For Senate <hr/> Mailing Address 232 Ne 9th Avenue <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30446990 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 111 / 115

<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>A. Full Name (Last, First, Middle Initial) Yarmuth For Congress</p> <p>Mailing Address 1819 Brownsboro Road Suite 100</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John A. Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 03</p>	<p>Transaction ID: 30447012 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>3000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	4	/	2	0	0	9	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	4	/	2	0	0	9													
3000.00																						
<p>B. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 02</p>	<p>Transaction ID: 30447055 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	5	/	2	0	0	9													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee</p> <p>Mailing Address P.O.Box 851232</p> <p>City Mobile State AL Zip Code 36685</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Josiah Robins Bonner, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 01</p>	<p>Transaction ID: 30447101 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>6</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	3	/	2	0	0	9													
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)

<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)
Friends Of Congressman George Miller

Mailing Address P.O. Box 5864

City State Zip Code
Concord CA 94524

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. George Miller

Office Sought: House Senate President
State: CA District: 07
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30447109
Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
McCotter Congressional Committee

Mailing Address PO Box 530788

City State Zip Code
Livonia MI 48153

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thaddeus G. McCotter

Office Sought: House Senate President
State: MI District: 11
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30447165
Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City State Zip Code
Bellevue WA 98015

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David George Reichert

Office Sought: House Senate President
State: WA District: 08
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30447166
Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 115

<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) Committee for the Preservation of Capitalism (CPC)	Transaction ID: 30447252 Date of Disbursement																			
	Mailing Address PO Box 65314	<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>6</td><td></td><td>2</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	6		2	4		2	0	0
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0	6		2	4		2	0	0	9												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
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2500.00																					
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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) ▼																			

B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 30447255 Date of Disbursement																			
	Mailing Address PO Box 360	<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>6</td><td></td><td>2</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	6		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name Rep. Michael Avery Ross	<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: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: 30461681 Date of Disbursement																			
	Mailing Address PO Box 2334	<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>6</td><td></td><td>3</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	6		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name Rep. Michael C. Burgess, 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: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 114 / 115

<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) Synergy PAC <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement <hr/> Candidate Name Synergy PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30478840 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Brady For Congress <hr/> Mailing Address P.O. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kevin Patrick Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30478868 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

123000.00

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

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PAGE 115 / 115

<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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30659628

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

575.56

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

575.56

TOTAL This Period (last page this line number only)

575.56