

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 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DR William Herrington

Signature of Treasurer Electronically Filed by DR William Herrington Date 10 14 2009

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	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		398231.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	382749.86									
(c) Total Receipts (from Line 19)	24490.85	530808.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	407240.71	929039.45								
7. Total Disbursements (from Line 31)	202737.10	724535.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	204503.61	204503.61								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20503.60	452277.54
(ii) Unitemized	3509.73	74506.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24013.33	526783.66
(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)	24013.33	526783.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	477.52	4024.40
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))	24490.85	530808.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24490.85	530808.06

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	4121.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	4121.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	202500.00	711000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	237.10	9414.84
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))..	202737.10	724535.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202737.10	724535.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 82

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)	24013.33	526783.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24013.33	526783.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4121.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4121.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 82
(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. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 24863621

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City State Zip Code
Santa Ana CA 92705-3509

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

Name of Employer Occupation
Santa Ana Tustin Radiology Group Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 24863624

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1 Saint Raphael

City State Zip Code
Laguna Niguel CA 92677-2761

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

Name of Employer Occupation
Santa Ana Tustin Radiology Group Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 24863628

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 82
(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 Ladd

Mailing Address 3366 Valemont St

City San Diego State CA Zip Code 92106-2431

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

Name of Employer La Jolla Radiology Medical Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863865

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. D Lee Bennett

Mailing Address 53 Alder Ct

City Iowa City State IA Zip Code 52246-9409

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

Name of Employer University of Iowa Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864410

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City Peoria State IL Zip Code 61615-2617

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

Name of Employer Central Illinois Radiology Association Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864412

Amount of Each Receipt this Period
250.00

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 8 / 82
(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. Kerri Dias

Mailing Address 11967 Sackston Ridge Dr

City State Zip Code
Creve Coeur MO 63141-8227

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

Name of Employer West County Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 24864443

Amount of Each Receipt this Period
500.00

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

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Regional Diagnostic Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 24864461

Amount of Each Receipt this Period
125.00

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

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983107

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **670.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 82
(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. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983108

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
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983109

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
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983110

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 10 / 82
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A.

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

Mailing Address 505 Ivy Lane

City 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
06 / 10 / 2008

Transaction ID: 24983111

Amount of Each Receipt this Period
38.46

B.

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
M M / D D / Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983113

Amount of Each Receipt this Period
38.46

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 ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983114

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 11 / 82
(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 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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983115

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983116

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code
New York NY 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 ▼ 461.52

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 24983117

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 / 82
(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. 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
M M / D D / Y Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983119

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
M M / D D / Y Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983120

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
M M / D D / Y Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983121

Amount of Each Receipt this Period
38.46

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 82

(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. 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 ▼ 826.52

Date of Receipt 06 / 10 / 2008

Transaction ID: 24983122

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 / 10 / 2008

Transaction ID: 24983123

Amount of Each Receipt this Period 38.46

C.

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 10 / 2008

Transaction ID: 24983124

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) 115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 82
(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 / 10 / 2008

Transaction ID: 24983126

Amount of Each Receipt this Period
19.23

B.

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 / 10 / 2008

Transaction ID: 24983127

Amount of Each Receipt this Period
19.23

C.

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 / 10 / 2008

Transaction ID: 24983128

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 / 82

(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. 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 Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 211.53

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983129

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 Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 211.53

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983130

Amount of Each Receipt this Period

19.23

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 Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 211.53

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2008

Transaction ID: 24983131

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 16 / 82
(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 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25014851

Amount of Each Receipt this Period
40.00

wire

B.

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

Mailing Address 3971 Gulfshore Blvd Apt P/H 304

City State Zip Code
Naples FL 34103-2100

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25015205

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Pamela Caslowitz

Mailing Address 3110 Gin Lane

City State Zip Code
Naples FL 34102-7807

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25015206

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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 / 82
(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. Paul Dorio

Mailing Address 1817 Medea Ct

City State Zip Code
Naples FL 34109-7122

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25015207

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Naples Radiologists PA
PO Box 9829

City State Zip Code
Naples FL 34101-9829

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25015208

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6607 Glen Arbor Way

City State Zip Code
Naples FL 34119-4658

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 25015209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 82
(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 Lim		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
Mailing Address Naples Radiologists PO Box 9829		Transaction ID: 25015210
City Naples	State Zip Code FL 34101-9829	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Naples Radiologists	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Robert Meli		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
Mailing Address Naples Radiologists PA PO Box 9829		Transaction ID: 25015211
City Naples	State Zip Code FL 34101-9829	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Naples Radiologists PA	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. James Pawlus		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
Mailing Address 975 Aqua Cl		Transaction ID: 25015212
City Naples	State Zip Code FL 34102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Naples Radiologists	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 82
	<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 Ryan	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address Naples Radiologists PA PO Box 9829	Transaction ID: 25015213
	City State Zip Code Naples FL 34101-9829	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Naples Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Shamit Sarangi	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address PO Box 9829	Transaction ID: 25015214
	City State Zip Code Naples FL 34101-9829	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Naples Radiologists 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. Daniel Singer	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address Naples Radiologists PO Box 9829	Transaction ID: 25015215
	City State Zip Code Naples FL 34101-9829	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Naples Radiology, P.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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 82

(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 Smock

Mailing Address 445 Terracina Ln

City State Zip Code
Naples FL 34119-1822

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 25015216

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Matthew Strange

Mailing Address PO Box 9829

City State Zip Code
Naples FL 34101-9829

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

Name of Employer Occupation
Naples Radiologists Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 25015217

Amount of Each Receipt this Period

250.00

C.

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

Date of Receipt

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

Transaction ID: 25015218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 82
(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. Eric Vensel		Date of Receipt MM / DD / YYYY 06 / 16 / 2008	
Mailing Address 760 Park Shore Dr		Transaction ID: 25015219	
City Naples	State FL	Zip Code 34103-3727	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Naples Radiologists	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 Soehrlen		Date of Receipt MM / DD / YYYY 06 / 17 / 2008	
Mailing Address 18882 Withrich Rd		Transaction ID: 25054391	
City Dalton	State OH	Zip Code 44618-8923	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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		

C.

Full Name (Last, First, Middle Initial) Dr. Gary Geil		Date of Receipt MM / DD / YYYY 06 / 17 / 2008	
Mailing Address Heritage Medical Bldg 1100 N Tustin Ave		Transaction ID: 25054392	
City Santa Ana	State CA	Zip Code 92705-3509	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
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 ▼ 390.00		

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

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

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

FOR LINE NUMBER: PAGE 22 / 82
(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. Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City State Zip Code
West Hartford CT 06107-1314

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

Name of Employer Occupation
Jefferson Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25054393

Amount of Each Receipt this Period
300.00

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

Mailing Address Aultman Hospital
2600 6th St SW

City State Zip Code
Canton OH 44710-1799

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

Name of Employer Occupation
Aultman Hospital Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25054394

Amount of Each Receipt this Period
250.00

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

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-5021

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

Name of Employer Occupation
Cleveland Clinic Foundati-on Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055164

Amount of Each Receipt this Period
40.00

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 23 / 82
(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. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City State Zip Code
Greenville SC 29607-3649

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

Name of Employer Greenville Radiology, PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055165

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 5624 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055167

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

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

Name of Employer Lenoir Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055168

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8729 Valentine Ct

City Raleigh State NC Zip Code 27615-5830

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

Name of Employer Wake Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 25055231
Amount of Each Receipt this Period 40.00

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

Mailing Address 939 Quarter Round Road

City Pacolet State SC Zip Code 29372-3516

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

Name of Employer Greenville Radiology, P.A. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 25055232
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Agatston

Mailing Address 2201 Far Gallant Dr

City Austin State TX Zip Code 78746-1814

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 ▼ 300.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 25055233
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 82
(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. Linda Gray

Mailing Address P O Box 337

City State Zip Code
Honea Path SC 29654-0337

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055235

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dr. Terry Martin

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

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Rad Assoc of Birmingham PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055319

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City State Zip Code
Stevensville MI 49127-9376

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

Name of Employer Radiology Associates of Berrie Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055322

Amount of Each Receipt this Period
42.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 82
(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. Jugesh Cheema		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 2466 Oak Bend Pl		Transaction ID: 25055323
City Newburgh	State IN	Zip Code 47630-8053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medical Center of Delaware	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Dale Shaw		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 3601 Sharon Rd		Transaction ID: 25055325
City Charlotte	State NC	Zip Code 28211-3325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) Dr. Jorge Albin		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 645 Mulberry Ln		Transaction ID: 25055360
City Bellaire	State TX	Zip Code 77401-3803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Greater Houston Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	143.67
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 27 / 82
(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. Joseph Lurito		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 25055361
City Greenville	State Zip Code NC 27834-2801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 52 Harwich Rd		Transaction ID: 25055362
City Chestnut Hill	State Zip Code MA 02467-3023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Deaconess Hospital	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 250.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Demetrius Morros		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 7418 Ridgcrest Court Rd		Transaction ID: 25055363
City Birmingham	State Zip Code AL 35242-0525	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnostic Radiologist	Aggregate Year-to-Date ▼ 500.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	175.01
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: (check only one)	PAGE 28 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd	Transaction ID: 25055366
	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 / 17 / 2008
	Mailing Address 14 Ryedale Ct	Transaction ID: 25055367
	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. Michael Lavelle	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 12103 Woodcliff Ln	Transaction ID: 25055369
	City Charlotte State NC Zip Code 28277-3033	Amount of Each Receipt this Period 40.00
	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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	121.67
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 29 / 82
(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 Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
Charlotte NC 28277-2593

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055370

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 1439 Garrett Dr

City State Zip Code
Wall Township NJ 07719-9648

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

Name of Employer Occupation
Jersey Shore Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055371

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 1210 Page Ter

City State Zip Code
Villanova PA 19085-2132

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 25055372

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 82
(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 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 / 20 / 2008

Transaction ID: 25078158

Amount of Each Receipt this Period 40.00

5203

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

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

City La Crosse State WI Zip Code 54601-5467

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

Name of Employer Gundersen Lutheran Clinic Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 06 / 20 / 2008

Transaction ID: 25078163

Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Dr. Chakri Inampudi

Mailing Address 6125 Prominence Pointe Dr

City Anchorage State AK Zip Code 99516-5421

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 25078164

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► **5123.34**

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 31 / 82
(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. Carl Bailey, JR
Mailing Address 710 Bunkers Cove Rd
City Panama City State FL Zip Code 32401-3920
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 06 / 25 / 2008
Transaction ID: 25179820
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue
Mailing Address 3943 Indian Springs Rd
City Panama City State FL Zip Code 32404-5794
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates, P.A. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 06 / 25 / 2008
Transaction ID: 25179821
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Presser
Mailing Address PO Box 1770
City Panama City State FL Zip Code 32402-1770
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates, P.A. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 06 / 25 / 2008
Transaction ID: 25179822
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 82
(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. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City Panama City State FL Zip Code 32402-1770

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 25179823
Amount of Each Receipt this Period 200.00

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

Mailing Address 2818 Canal Dr

City Panama City State FL Zip Code 32405-1610

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 25179824
Amount of Each Receipt this Period 200.00

C. 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 / 25 / 2008
Transaction ID: 25179831
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 82
(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 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 / 25 / 2008
Transaction ID: 25179832
Amount of Each Receipt this Period 1000.00

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

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 ▼ 1300.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 25179833
Amount of Each Receipt this Period 1300.00

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

Mailing Address 6515 Fallwind Ln

City Bethesda State MD Zip Code 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 25180040
Amount of Each Receipt this Period 40.00

wire

SUBTOTAL of Receipts This Page (optional) ► 2340.00

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 / 82
(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. Isaac Kirk, III

Mailing Address 2211 Sheridan St

City State Zip Code
Houston TX 77030-2015

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

Name of Employer: St. Joseph Radiology Associates
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: 25291314
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bibb Allen, JR

Mailing Address 3245 E Briarcliff Rd

City State Zip Code
Birmingham AL 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 / 2008
Transaction ID: 25291319
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 3281 S Little Dr

City State Zip Code
Flagstaff AZ 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 / 2008
Transaction ID: 25291320
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 82

(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. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Regional Diagnostic Radiology
Occupation Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291321

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 2921 Crossfield Dr

City State Zip Code
Greensboro NC 27408-6743

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

Name of Employer Wake Forest Univ Baptist Med C
Occupation Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291323

Amount of Each Receipt this Period

125.00

C.

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
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291500

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

415.00

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 / 82
(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 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 06 / 30 / 2008
Transaction ID: 25291501
 Amount of Each Receipt this Period 60.00

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

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City Pittsburgh State PA Zip Code 15206-3780

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

Name of Employer Weinstein Imaging Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.02

Date of Receipt 06 / 30 / 2008
Transaction ID: 25291502
 Amount of Each Receipt this Period 166.67

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

Mailing Address 165 Via Foresta Ln

City Williamsville State NY Zip Code 14221-1984

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

Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 25291503
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 276.67

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 37 / 82
(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. 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 06 / 30 / 2008

Transaction ID: 25291504

Amount of Each Receipt this Period 42.00

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

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 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 06 / 30 / 2008

Transaction ID: 25291507

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Dr. Stuart Moses

Mailing Address 14 Timber Dr

City North Caldwell State NJ Zip Code 07006-4406

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 ▼ 240.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 25291508

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► **122.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82
(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 Veazey		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address Greensboro Radiology PA 1317 N Elm St Ste 1B		Transaction ID: 25291510
City Greensboro	State NC	Zip Code 27415-1023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Greensboro Radiology Assoc PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Bruce Schroeder		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 738 Lexington Dr		Transaction ID: 25291512
City Greenville	State NC	Zip Code 27834-0507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Dr. Mary Pomeroy		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 2625 Rolling Hills Dr		Transaction ID: 25291513
City Monroe	State NC	Zip Code 28110-8408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

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 39 / 82
(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 Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 25291514

Amount of Each Receipt this Period
40.00

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

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 25291515

Amount of Each Receipt this Period
40.00

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

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 25291516

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 40 / 82
(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 Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City Augusta State GA Zip Code 30912-0006

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

Name of Employer Medical College of Georgia Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 25291519
Amount of Each Receipt this Period 125.00

B. 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 / 2008
Transaction ID: 25291520
Amount of Each Receipt this Period 83.34

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

Mailing Address Charlotte Radiology
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 25291523
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 41 / 82
(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 Alson		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 6641 N Forkner Ave		Transaction ID: 25291526
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 ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. William Way, JR		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 7713 Oakmont PI		Transaction ID: 25291527
City Raleigh	State NC	Zip Code 27615-5492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Wake Radiology	Occupation Diagnostic Radiologist	
Receipt For: <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. Michael McLaughlin		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address Eastern Radiologists Inc 9 Doctors Park		Transaction ID: 25291529
City Greenville	State NC	Zip Code 27834-2801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	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)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 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
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 25291530

Amount of Each Receipt this Period
40.00

B. 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 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 / 2008

Transaction ID: 25291533

Amount of Each Receipt this Period
40.00

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

Mailing Address 75 Fairmount Dr., North

City State Zip Code
Alton IL 62002-3207

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 25291536

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **122.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 82

(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 Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code
Greenville NC 27858-8441

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) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291537

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

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

Name of Employer Occupation
The Imaging Institute Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291538

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

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

Name of Employer Occupation
Radiology Affiliates of Central NJ 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
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25291540

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.34

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 44 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
Cheyenne WY 82009-1215

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

Name of Employer Occupation
Baylor College of Medicine Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: 25291542

Amount of Each Receipt this Period
40.00

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

Mailing Address 2821 Argyle Rd

City State Zip Code
Birmingham AL 35213-3403

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

Name of Employer Occupation
Advanced Imaging Assoc of AL Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: 25291543

Amount of Each Receipt this Period
100.00

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

Mailing Address 4100 Mullcroft PI

City State Zip Code
Fuquay Varina NC 27526-8658

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

Name of Employer Occupation
Wake Radiology Consultants Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: 25291544

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 82
(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. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City Greenville State NC Zip Code 27834-2801

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

Name of Employer Eastern Radiologists Inc 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 8

Transaction ID: 25291545

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464674

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 New York State NY Zip Code 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25464675

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **116.92**

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 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. George Joseph Ferrone
Mailing Address 440 E 62nd St Apt 18F
City 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 / 19 / 2008
Transaction ID: 25464677
Amount of Each Receipt this Period 38.46

B. Full Name (Last, First, Middle Initial)
Dr. Arthur S. Albert
Mailing Address 124 W 60th St Apt 45
City State Zip Code
New York NY 10023-7451
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: 06 / 19 / 2008
Transaction ID: 25464678
Amount of Each Receipt this Period 38.46

C. Full Name (Last, First, Middle Initial)
Dr. David Panush
Mailing Address 538 E 84th St Apt 4E
City State Zip Code
New York NY 10028-7357
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98
Date of Receipt: 06 / 19 / 2008
Transaction ID: 25464679
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 47 / 82
(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 ▼ 864.98

Date of Receipt 06 / 19 / 2008

Transaction ID: 25464730

Amount of Each Receipt this Period 38.46

B.

Full Name (Last, First, Middle Initial)
Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City Closter State NJ Zip Code 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 19 / 2008

Transaction ID: 25464731

Amount of Each Receipt this Period 38.46

C.

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 ▼ 499.98

Date of Receipt 06 / 19 / 2008

Transaction ID: 25464733

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 48 / 82
(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 / 19 / 2008

Transaction ID: 25464734

Amount of Each Receipt this Period
38.46

B.

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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464735

Amount of Each Receipt this Period
38.46

C.

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 / 19 / 2008

Transaction ID: 25464772

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 49 / 82
(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 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 / 19 / 2008

Transaction ID: 25464773

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
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464774

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 50 W 72nd St Apt 1509

City State Zip Code
New York NY 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
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464775

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 50 / 82
(check only one)

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

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

A.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect 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
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464776

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 101 W End Ave Apt 16H

City New York State NY Zip Code 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464810

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 Franklin Lakes State NJ Zip Code 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464811

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 51 / 82
(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 ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 25464812

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 / 19 / 2008

Transaction ID: 25464814

Amount of Each Receipt this Period
19.23

C.

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 / 19 / 2008

Transaction ID: 25464815

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 52 / 82
(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. Clement Yang		Date of Receipt
	Mailing Address 555 W 59th St Apt 19E		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10019-1006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hackensack Radiology Group		Occupation Diagnostic Radiologist	Transaction ID: 25464816
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.76"/>	Amount of Each Receipt this Period <input type="text" value="19.23"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="19.23"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20503.60"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 82	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4024.40"/>	Transaction ID: 25449141 Amount of Each Receipt this Period <input type="text" value="477.52"/> Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="477.52"/>
TOTAL This Period (last page this line number only)	<input type="text" value="477.52"/>

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) Diana Degette For Congress Inc.	Transaction ID: 24489210 Date of Disbursement																			
	Mailing Address P.O. Box 61337	<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>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	8												
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. Diana DeGette	<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: CO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 24704511 Date of Disbursement																			
	Mailing Address 100 W. College Ave. 50 D	<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>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	0	3	/	2	0	0	8												
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name Rep. Steve Kagen	<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: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Join Our Efforts PAC (Joe PAC)	Transaction ID: 24704512 Date of Disbursement																			
	Mailing Address 610 Harper Avenue	<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>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	0	3	/	2	0	0	8												
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Join Our Efforts PAC (Joe PAC)	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9000.00</td></tr></table>	9000.00
9000.00		
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)

<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)
Volunteers For Shimkus

Transaction ID: 24831401
Date of Disbursement

Mailing Address PO Box 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Springfield State IL Zip Code 62705

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

3000.00

Candidate Name
Rep. John M. Shimkus

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: IL District: 19

B.

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

Transaction ID: 24832025
Date of Disbursement

Mailing Address P. O. Box 17813

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Richmond State VA Zip Code 23226

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00

Candidate Name
Rep. Eric I. Cantor

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: VA District: 07

C.

Full Name (Last, First, Middle Initial)
John Sullivan For Congress Inc

Transaction ID: 24832473
Date of Disbursement

Mailing Address Post Office Box 470840

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Tulsa State OK Zip Code 74147

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2000.00

Candidate Name
Rep. John Sullivan

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OK District: 01

SUBTOTAL of Disbursements This Page (optional)

10000.00

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)
Bachmann For Congress

Transaction ID: 24832746
Date of Disbursement

Mailing Address PO Box 25950

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

City State Zip Code
Woodbury MN 55125

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Michele Bachmann

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 06

B.

Full Name (Last, First, Middle Initial)
Doggett For Us Congress

Transaction ID: 24833326
Date of Disbursement

Mailing Address PO Box 5843

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

City State Zip Code
Austin TX 78763

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 25

C.

Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Transaction ID: 24853211
Date of Disbursement

Mailing Address P.O. Box 2008

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

City State Zip Code
Murfreesboro TN 37133

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Bart Gordon

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TN District: 06

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) Latham For Congress	Transaction ID: 24853299 Date of Disbursement 06 / 03 / 2008
	Mailing Address P.O. Box 71 PO Box 71	Amount of Each Disbursement this Period 1000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Thomas P. Latham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alexander For Senate 2014 Inc	Transaction ID: 24853300 Date of Disbursement 06 / 03 / 2008
	Mailing Address 228 S Washington Street Suite 115	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Lamar Alexander	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shore PAC	Transaction ID: 24853302 Date of Disbursement 06 / 04 / 2008
	Mailing Address P.O. Box 3157	Amount of Each Disbursement this Period 2500.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Shore 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) ▼

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) Friends Of Lois Capps	Transaction ID: 24853303 Date of Disbursement 06 / 10 / 2008
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc	Transaction ID: 24853306 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 433	Amount of Each Disbursement this Period 2000.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Boyd For Congress	Transaction ID: 24853313 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 15703	Amount of Each Disbursement this Period 2500.00
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement	011 Category/ Type
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Salazar For Senate Mailing Address PO Box 600 City Denver State CO Zip Code 80201 Purpose of Disbursement 011 Candidate Name Sen. Ken L. Salazar 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: CO District:	Transaction ID: 24853321 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress Mailing Address P.O. Box 12667 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement 011 Candidate Name Rep. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22	Transaction ID: 24854654 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate Mailing Address PO Box 2720 City Little Rock State AR Zip Code 72203 Purpose of Disbursement 011 Candidate Name Sen. Mark L. Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: 24854834 Date of Disbursement 06 / 24 / 2008 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) Geoff Davis For Congress	Transaction ID: 24854835 Date of Disbursement 06 / 04 / 2008
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 2000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 24855201 Date of Disbursement 06 / 04 / 2008
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 1500.00
	City Elmhurst State NY Zip Code 11373	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Joseph Crowley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Enzi For Us Senate	Transaction ID: 24855286 Date of Disbursement 06 / 05 / 2008
	Mailing Address PO Box 2775	Amount of Each Disbursement this Period 2500.00
	City Cody State WY Zip Code 82414	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Michael B. Enzi	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) Kirk For Senate	Transaction ID: 24855612 Date of Disbursement 06 / 05 / 2008
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Mark Steven Kirk	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey	Transaction ID: 24856240 Date of Disbursement 06 / 09 / 2008
	Mailing Address P O Box 1322 PO Box 1322	Amount of Each Disbursement this Period 2000.00
	City Wausau State WI Zip Code 54402	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. David R. Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 24856788 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 33027	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98133	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jay Inslee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2008 <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)

<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) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13	Transaction ID: 24856848 Date of Disbursement <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>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	8													
B.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Patty Murray <hr/> 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: WA District:	Transaction ID: 24857047 Date of Disbursement <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>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	8													
C.	Full Name (Last, First, Middle Initial) Barrett For Congress <hr/> Mailing Address P.O. Box 869 PO Box 869 <hr/> City Westminster State SC Zip Code 29693 <hr/> Purpose of Disbursement 011 Candidate Name Rep. J. Gresham Barrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 03	Transaction ID: 24857094 Date of Disbursement <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>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	8													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">4500.00</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) Cantor For Congress Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement 011 Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 24857096 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130 City Evanston State IL Zip Code 60204 Purpose of Disbursement 011 Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 09	Transaction ID: 24857100 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee Mailing Address PO Box 1949 City Springfield State IL Zip Code 62705 Purpose of Disbursement 011 Candidate Name Sen. Richard J. Durbin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 24858458 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">7000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></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) Friends Of Roger Wicker <hr/> Mailing Address P.O. Box 874 <hr/> City State Zip Code Tupelo MS 38802 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Roger F. Wicker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24867067 Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Alamo PAC <hr/> Mailing Address 919 Congress Ave. Suite 1400 <hr/> City State Zip Code Austin TX 78701 <hr/> Purpose of Disbursement <hr/> Candidate Name Alamo PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24867413 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Conaway For Congress <hr/> Mailing Address PO Box 51272 <hr/> City State Zip Code Midland TX 79710 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael K. Conaway <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24868888 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 1500.00

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)

<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) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement 2008 Primary Debt Retirement</p> <p>Candidate Name Mr. Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2008</p>	<p>Transaction ID: 24871829 Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2008 Primary Debt Retirement</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Weiner</p> <p>Mailing Address 1 Ascan Avenue #31 Suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Anthony D. Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 24980679 Date of Disbursement 06 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Weiner</p> <p>Mailing Address 1 Ascan Avenue #31 Suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Anthony D. Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 24980680 Date of Disbursement 06 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<p>A. Full Name (Last, First, Middle Initial) People's House PAC</p> <p>Mailing Address P.O. Box 685</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name People's House 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: 24980682 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Bachmann For Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Michele Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 06</p>	<p>Transaction ID: 24980697 Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bachmann For Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Michele Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 06</p>	<p>Transaction ID: 24980698 Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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)

<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) Anna Eshoo For Congress	Transaction ID: 24995976 Date of Disbursement 06 / 12 / 2008
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 2500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Anna G. Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 24995977 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period 1500.00
	City Houston State TX Zip Code 77222	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Gene Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 24996036 Date of Disbursement 06 / 13 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 1000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Blanche Lambert Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) John Shadeggs Friends	Transaction ID: 24998658 Date of Disbursement 06 / 12 / 2008
	Mailing Address PO Box 45444	Amount of Each Disbursement this Period 2500.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John B. Shadegg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Scott Garrett For Congress	Transaction ID: 25004425 Date of Disbursement 06 / 12 / 2008
	Mailing Address P.O. Box 905	Amount of Each Disbursement this Period 1000.00
	City Newton State NJ Zip Code 07860	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Scott Garrett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hawkeye PAC, the	Transaction ID: 25004426 Date of Disbursement 06 / 16 / 2008
	Mailing Address PO Box 7255	Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Hawkeye PAC, the	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	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 69 / 82

<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 Rosa Delauro	Transaction ID: 25012650 Date of Disbursement 06 / 29 / 2008
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 3000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 25012660 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 25072205 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box 37	Amount of Each Disbursement this Period 1500.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

<p>A. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25072248 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25074116 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) IMPACT</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 IMPACT</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25077473 Date of Disbursement 06 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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 71 / 82

<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) 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</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 State: PA District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25077488 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement 2008 Primary Debt Retirement</p> <p>Candidate Name Mr. Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2008</p>	<p>Transaction ID: 25077489 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2008 Primary Debt Retirement</p>
<p>C. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25077491 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

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) Linder For Congress	Transaction ID: 25165784 Date of Disbursement
	Mailing Address P. O. Box 4026	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Duluth State GA Zip Code 30096	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. John Linder	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Sam Johnson	Transaction ID: 25165825 Date of Disbursement
	Mailing Address P.O. Box 860096	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Samuel Robert Johnson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AmeriPAC	Transaction ID: 25166363 Date of Disbursement
	Mailing Address 499 South Capitol St., S.W. Suite 414	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name AmeriPAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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) Charlie Dent For Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Charles W. Dent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15	Transaction ID: 25166860 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>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	8													
B.	Full Name (Last, First, Middle Initial) Sestak For Congress <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Joseph A. Sestak, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Transaction ID: 25166868 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>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	8													
C.	Full Name (Last, First, Middle Initial) Texas Freedom Fund <hr/> Mailing Address 104 East Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement 011 Candidate Name Texas Freedom Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 25166882 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>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	8													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">4000.00</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) Mchenry For Congress	Transaction ID: 25166890 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 1406	Amount of Each Disbursement this Period 1000.00
	City Hickory State NC Zip Code 28603	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Patrick Timothy McHenry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	Transaction ID: 25166893 Date of Disbursement 06 / 26 / 2008
	Mailing Address Box 137	Amount of Each Disbursement this Period 2000.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stevens For Senate Committee	Transaction ID: 25166907 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 100879	Amount of Each Disbursement this Period 2500.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Ted Stevens	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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. Kendrick Meek Campaign For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 111 Nw 183rd Street
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kendrick B. Meek

Office Sought: House Senate President
State: FL District: 17
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25166917
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

B. John Shadeggs Friends

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John B. Shadegg

Office Sought: House Senate President
State: AZ District: 03
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25166918
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

C. Friends Of Dan Maffei

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Daniel Maffei

Office Sought: House Senate President
State: NY District: 25
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25168327
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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) Ciro Rodriguez For Congress	Transaction ID: 25168370 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 14528	
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Ciro D. Rodriguez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 25168371 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 1071	
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Baron Hill	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: 25168382 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 12886	
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Gabrielle Giffords	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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

<p>A. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 08</p>	<p>Transaction ID: 25168383 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Joe Baca</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Baca</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 43</p>	<p>Transaction ID: 25168391 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District: 01</p>	<p>Transaction ID: 25168398 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

<p>A. Full Name (Last, First, Middle Initial) Jackie Speier For Congress</p> <p>Mailing Address Post Office Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25168402 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Steven Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25168415 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Committee PAC</p> <p>Mailing Address P.O. BOX 10134</p> <p>City BAKERSFIELD State CA Zip Code 93389</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Majority Committee PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25168554 Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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) Porter For Congress Mailing Address 7840 Red Leaf Drive City Las Vegas State NV Zip Code 89131 Purpose of Disbursement Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25186345 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City Hopkinsville State KY Zip Code 42241 Purpose of Disbursement Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25186619 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25186813 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

<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 Jim Clyburn	Transaction ID: 25187094 Date of Disbursement
	Mailing Address PO Box 12567	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. James E. Clyburn	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 25195087 Date of Disbursement
	Mailing Address P.O. Box 1776	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. Jason Altmire	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nancy Boyda For Congress	Transaction ID: 25195863 Date of Disbursement
	Mailing Address PO Box 1474	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Rep. Nancy Boyda	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brown For Congress	Transaction ID: 25195879 Date of Disbursement 06 / 26 / 2008
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 3000.00
	City Sacramento State CA Zip Code 95841	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Charles Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	Transaction ID: 25196327 Date of Disbursement 06 / 26 / 2008
	Mailing Address 726 Sixteenth Street Ne	Amount of Each Disbursement this Period 3000.00
	City Massillon State OH Zip Code 44646	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Zachary T. Space	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 25196708 Date of Disbursement 06 / 26 / 2008
	Mailing Address 1819 Brownsboro Road Suite 100	Amount of Each Disbursement this Period 5000.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	202500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 82

<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

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 25449071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)