

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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

ADDRESS (number and street) 8280 Willow Oaks Corporate Drive
Suite 500
 Check if different than previously reported. (ACC)
Fairfax VA 22031

2. **FEC IDENTIFICATION NUMBER** C00384602
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Laura Thevenot

Signature of Treasurer Electronically Filed by Laura Thevenot Date 01 29 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		76288.70
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	65690.70									
(c) Total Receipts (from Line 19)	75526.00	140428.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141216.70	216716.70								
7. Total Disbursements (from Line 31)	60750.00	136250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80466.70	80466.70								
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

Write or Type Committee Name

AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	72300.00	133575.00
(ii) Unitemized	3226.00	6853.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75526.00	140428.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	75526.00	140428.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75526.00	140428.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75526.00	140428.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60750.00	136250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	60750.00	136250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60750.00	136250.00

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	75526.00	140428.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75526.00	140428.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Faheem Ahmad

Mailing Address 8613 Tahoe Court

City State Zip Code
Sylvania OH 43650

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

Name of Employer Occupation
Toledo Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.7644

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Hassaan A Alkhatib

Mailing Address 105 Gallantry Drive

City State Zip Code
Irmo SC 29063

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

Name of Employer Occupation
Self Medical physicist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2009

Transaction ID: SA11AI.7305

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Beatriz E. Amendola

Mailing Address 270 Veleros Court

City State Zip Code
Coral Gables FL 33143

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

Name of Employer Occupation
Innovative Cancer Institute Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2009

Transaction ID: SA11AI.7307

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) Dr. Warren Amos</p> <p>Mailing Address 3530 Alipha Place</p> <p>City State Zip Code Pensacola FL 32503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer 21st Century Oncology Occupation Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7308</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Joy Elaine Anderson</p> <p>Mailing Address 22 Highland Pkwy</p> <p>City State Zip Code Rochester NY 14620</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Strong Memorial Hospital Occupation Radiation oncologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7311</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mitchell S Anscher</p> <p>Mailing Address 401 College St</p> <p>City State Zip Code Richmond VA 23298</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Virginia Commonwealth Medical Occupation Radiation oncologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7312</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Marc Apple		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 2500 E. State Blvd		Transaction ID: SA11AI.7646		
	City Fort Wayne	State IN	Zip Code 46805	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Radiation Oncology Associates	Occupation Doctor	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Yadvindra Bains		Date of Receipt MM / DD / YYYY 08 / 26 / 2009		
	Mailing Address 902 Winged Foot		Transaction ID: SA11AI.7317		
	City College Station	State TX	Zip Code 77845	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Cancer Physicians Associates	Occupation Radiation Oncologist	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Dolores D. Basden		Date of Receipt MM / DD / YYYY 07 / 27 / 2009		
	Mailing Address 2625 N Craycroft Rd, Ste.100		Transaction ID: SA11AI.7647		
	City Tuscon	State AZ	Zip Code 85712	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Arizona Oncology Associates	Occupation Radiation oncologist	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Robert Steven Bass

Mailing Address 4708 Oleander Dr

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Carolina Regional Cancer Center
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.7321

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 39101 Civic Center Dr

City State Zip Code
Fremont CA 94538

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

Name of Employer Washington Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: SA11AI.7323

Amount of Each Receipt this Period
750.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth S. Bergman

Mailing Address 5114 Pt Fosdick Dr NW E267

City State Zip Code
Gig Harbor WA 98335

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

Name of Employer Tacoma Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: SA11AI.7325

Amount of Each Receipt this Period
750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Sam I. Brown	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 785 Totowa Rd	Transaction ID: SA11AI.7329
	City State Zip Code Totowa NJ 07512	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Ariston Radiology Radiation oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Joanne L. Bujnoski	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 2021 Banquos Trl	Transaction ID: SA11AI.7332
	City State Zip Code Pensacola FL 32503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Baptist Hospital Radiation oncologist	
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) Stuart Burri	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 7323 Fairway Vista Dr	Transaction ID: SA11AI.7333
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Southeast Radiation Oncology Physician	
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Jerome M. Butler, Jr.
Mailing Address 156 Berkshire Ave
City Belmont State NC Zip Code 28012
FEC ID number of contributing federal political committee. **C**
Name of Employer Southeast Radiation Oncology Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 14 / 2009
Transaction ID: SA11AI.7334
Amount of Each Receipt this Period 250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Richard Thomas Byrnes
Mailing Address 989 Jericho Trnpke
City Smithtown State NY Zip Code 11787
FEC ID number of contributing federal political committee. **C**
Name of Employer North Shore Medical Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 08 / 26 / 2009
Transaction ID: SA11AI.7336
Amount of Each Receipt this Period 750.00
Contribution

C. Full Name (Last, First, Middle Initial)
Scott C. Cozad
Mailing Address 4201 NE Stanley
City Kansas City State MO Zip Code 64156
FEC ID number of contributing federal political committee. **C**
Name of Employer Therapeutic Radiologist Inc. Occupation Radiation oncologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 26 / 2009
Transaction ID: SA11AI.7650
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) Anthony Crimaldi, II		Date of Receipt MM / DD / YYYY 09 / 14 / 2009
Mailing Address 2530 Flintgrove Rd		Transaction ID: SA11AI.7338
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Southeast Radiation Oncology	Occupation Physician	Contribution
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. Steve J. Damore		Date of Receipt MM / DD / YYYY 12 / 19 / 2009
Mailing Address 2801 Atlantic Avenue P.O. Box 1428		Transaction ID: SA11AI.7339
City Long Beach	State CA	Zip Code 90801
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Long Beach Memorial Med. Ctr.	Occupation Radiation Oncologist	Contribution
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) Anne Dawson		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address 2366 Dayton Road		Transaction ID: SA11AI.7340
City Chico	State CA	Zip Code 95928
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer N. Valley Radiology Oncology	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Robert M. Doline		Date of Receipt MM / DD / YYYY 09 / 14 / 2009		
	Mailing Address 14806 Sydenham Ct		Transaction ID: SA11AI.7341		
	City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Southeast Radiation Oncology	Occupation Physician	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Dechen Dolkar		Date of Receipt MM / DD / YYYY 08 / 26 / 2009		
	Mailing Address 18211 Theodora Drive		Transaction ID: SA11AI.7342		
	City Tustin	State CA	Zip Code 92780	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Valley Radiotherapy Associates	Occupation Radiation oncologist	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Ronald Dorn		Date of Receipt MM / DD / YYYY 10 / 18 / 2009		
	Mailing Address 4255 N Nines Ridge Ln		Transaction ID: SA11AI.7345		
	City Boise	State ID	Zip Code 83702	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Mountain States Tumor Inst	Occupation Physician	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 4255 N Nines Ridge Ln

City State Zip Code
Boise ID 83702

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

Name of Employer Mountain States Tumor Inst
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: SA11AI.7344

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Morteza Dowlatshahi

Mailing Address 725 East Santa Clara Street
Suite 103

City State Zip Code
San Jose CA 95112

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

Name of Employer San Jose Medical Center
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2009

Transaction ID: SA11AI.7346

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Patricia Eifel

Mailing Address 1515 Holcombe Blvd
Box 97

City State Zip Code
Houston TX 77030

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

Name of Employer MD Anderson Cancer Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: SA11AI.7347

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Nancy Ellerbroek

Mailing Address 25852 McBean Parkway
Unit 507

City State Zip Code
Santa Clarita CA 91355

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

Name of Employer Valley Radiotherapy Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.7652

Amount of Each Receipt this Period: 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Daniel E. Fass

Mailing Address 8 Cathlow Drive

City State Zip Code
Riverside CT 06878

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

Name of Employer self Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
11 / 01 / 2009

Transaction ID: SA11AI.7348

Amount of Each Receipt this Period: 2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert W. Fraser, III

Mailing Address 200 Queens Rd Ste 400

City State Zip Code
Charlotte NC 28204

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

Name of Employer Southeast Radiation Oncology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
09 / 14 / 2009

Transaction ID: SA11AI.7350

Amount of Each Receipt this Period: 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 7152 Copperwood Lane

City State Zip Code
Sylvania OH 43623

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

Name of Employer Occupation
Toledo Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.7351

Amount of Each Receipt this Period
1000.00

Contribution

B.

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

Mailing Address 2029 Prarie Ave

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Occupation
Loyola University Medical Cent Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.7353

Amount of Each Receipt this Period
750.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Wade Joseph Gebara

Mailing Address 149 Oblong Road

City State Zip Code
Williamstown MA 01201

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

Name of Employer Occupation
Berkshire Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2009

Transaction ID: SA11AI.7356

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Donna J. Girard	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 200 Queens Rd Ste 400	Transaction ID: SA11AI.7360
	City State Zip Code Charlotte NC 28204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Southeast Radiation Oncology Occupation Physician 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. Nanialei M. Golden	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 1907 Hwy A1A 301	Transaction ID: SA11AI.7361
	City State Zip Code Indian Harbor Beach FL 32937	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MIMA Cancer Center Occupation Radiation oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Dr. Ana M. Grace	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 823 Oneonta Dr	Transaction ID: SA11AI.7365
	City State Zip Code South Pasadena CA 91030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer self Occupation Radiation oncologist 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)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Emily Johnson Grade

Mailing Address 818 E Juanita Avenue

City State Zip Code
Gilbert AZ 85234

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

Name of Employer Occupation
Arizona Oncology Services Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 26 / 2009

Transaction ID: SA11AI.7367

Amount of Each Receipt this Period: 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Gordon L. Grado

Mailing Address 10040 E. Windrose Dr.

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
self Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.7369

Amount of Each Receipt this Period: 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Jianan C. Graybill

Mailing Address 7229 Clearvista Dr

City State Zip Code
Indianapolis IN 46256

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

Name of Employer Occupation
Cancer Care Group Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.7371

Amount of Each Receipt this Period: 500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Michael R. Haake

Mailing Address 8520 Greencastle Rd

City State Zip Code
Charlotte NC 28210

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

Name of Employer Southeast Radiation Oncology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.7373

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Louis B Harrison

Mailing Address 32 Chelsea Pl

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer Beth Israel Medical Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.7375

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Mark A. Hartman

Mailing Address 220283 E 42nd St

City State Zip Code
Scottsblugg NE 69361

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

Name of Employer Regional Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: SA11AI.7376

Amount of Each Receipt this Period
750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Ruth Heimann

Mailing Address 111 Colchester Ave
Shepardson 2

City Burlington State VT Zip Code 05401

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

Name of Employer University of Vermont Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 07 / 2009

Transaction ID: SA11AI.7379

Amount of Each Receipt this Period 300.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Steven I. Hightower

Mailing Address 78656 Turnpike Rd

City Folsom State LA Zip Code 70437

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

Name of Employer self Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.7653

Amount of Each Receipt this Period 1000.00

Contribution

C.

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

Mailing Address 1217 Yale Street

City Santa Monica State CA Zip Code 90404

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

Name of Employer Cancer Care Consultants Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 01 / 2009

Transaction ID: SA11AI.7384

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial) Dr. Geoffrey Ibbott		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 4008 Arnold St		Transaction ID: SA11AI.7387
City Houston	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer M.D. Anderson Cancer Center	Occupation Associate Professor/Medical physicist	Contribution
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. Geraldine M. Jacobson		Date of Receipt MM / DD / YYYY 11 / 01 / 2009
Mailing Address 3041 Newport Rd NE		Transaction ID: SA11AI.7388
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Iowa	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Randy Kahn		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 4031 Upper Creek Dr		Transaction ID: SA11AI.7389
City Sun City Center	State FL	Zip Code 33573
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tampa Bay Radiation Oncology	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sameer R. Keole

Mailing Address 5713 NW 45th Drive

City State Zip Code
Gainesville FL 32653

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

Name of Employer Occupation
University of Florida Physician

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

Date of Receipt

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

Transaction ID: SA11AI.7391

Amount of Each Receipt this Period

500.00

Contribution

B.

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

Mailing Address 904 Mill Road

City State Zip Code
Goldsboro NC 27534

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

Name of Employer Occupation
Wayne Radiation Oncology Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7392

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Vijay R. Kini

Mailing Address 11190 Warner Avenue, Ste 115

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Occupation
self Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7395

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) John B. Konefal		Date of Receipt
	Mailing Address 3630 DeRuyter Cir		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28269-9706
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7396
Name of Employer Southeast Radiation Oncology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Andre Konski		Date of Receipt
	Mailing Address 411 South Old Woodward		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Birmingham	MI	48201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7398
Name of Employer Wayne State Univ. Physician Gr		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Dr. Judith A. Kooser		Date of Receipt
	Mailing Address 1700 W 7th St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Topeka	KS	66606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7399
Name of Employer St. Francis Radiation Oncology		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Roger Kucway

Mailing Address 4841 Monroe, Suite 103

City State Zip Code
Toledo OH 43623

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

Name of Employer Occupation
Toledo Radiation Oncology Radiation oncologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: SA11AI.7655

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Kucway

Mailing Address 4841 Monroe, Suite 103

City State Zip Code
Toledo OH 43623

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

Name of Employer Occupation
Toledo Radiation Oncology Radiation oncologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 27 / 2009

Transaction ID: SA11AI.7401

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Ramesh T. Kumar

Mailing Address 11168 Lands End Chase

City State Zip Code
Port St. Lucie FL 34986

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

Name of Employer Occupation
Coastal Cyberknife & Radiation Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2009

Transaction ID: SA11AI.7404

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Ramesh T. Kumar

Mailing Address 11168 Lands End Chase

City State Zip Code
Port St. Lucie FL 34986

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

Name of Employer Coastal Cyberknife & Radiation
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.7403

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Rachele M. Lanciano

Mailing Address 501 North Lansdowne Avenue

City State Zip Code
Drexel Hill PA 19026

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

Name of Employer Delaware County Memorial Hosp.
Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.7405

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Scott Patrick Lankford

Mailing Address 1476 St. Annes Ct

City State Zip Code
Concord NC 28027

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

Name of Employer Carolina Medical Center North
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.7406

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 26 / 62
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Theodore Steven Lawrence

Mailing Address B2C502 University Hospital
1500 East Medical Center Drive

City Ann Arbor State MI Zip Code 48109-0010

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

Name of Employer University of Michigan Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 29 / 2009

Transaction ID: SA11AI.7408

Amount of Each Receipt this Period: 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Bernard S. Lewinsky

Mailing Address 12224 Darlington Ave

City Los Angeles State CA Zip Code 90049

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

Name of Employer Valley Radiotherapy Associates Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
07 / 29 / 2009

Transaction ID: SA11AI.7659

Amount of Each Receipt this Period: 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mark Liang

Mailing Address 2016 Valencia Terr

City Charlotte State NC Zip Code 28226

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

Name of Employer Southeast Radiation Oncology Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
09 / 14 / 2009

Transaction ID: SA11AI.7410

Amount of Each Receipt this Period: 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Low

Mailing Address 18 Sherwyn Ln

City State Zip Code
Creve Coeur MO 63141

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

Name of Employer Occupation
Washington University Physicist

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

Date of Receipt

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

Transaction ID: SA11AI.7411

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. David Lowther

Mailing Address 1055 Piedmont Ave NE, Ste 216

City State Zip Code
Atlanta GA 30309

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

Name of Employer Occupation
Southeastern Radiotherapy Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7660

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Pavel E. Lvovsky

Mailing Address 2505 86th St

City State Zip Code
Brooklyn NY 11214

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

Name of Employer Occupation
Ocean Radiation Oncology Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7412

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 62
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Curtis Mack		Date of Receipt MM / DD / YYYY 10 / 12 / 2009
	Mailing Address 1845 West Orange Grove Road Building 1		Transaction ID: SA11AI.7414
	City Tucson	State AZ	Zip Code 85704
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Arizona Oncology Associates	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Yvonne Mack		Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address PO Box 1146		Transaction ID: SA11AI.7415
	City Blowing Rock	State NC	Zip Code 28605
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Seby Jones Regional Cancer Cen	Occupation Physician	Contribution
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. Michael R. Manning		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 2625 N. Craycroft Rd. Ste 100		Transaction ID: SA11AI.7416
	City Tucson	State AZ	Zip Code 85712
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Arizona Oncology	Occupation Radiation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62
(check only one)

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<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 8124 Summerhouse Dr. E

City State Zip Code
Dublin OH 43016

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

Name of Employer Occupation
Ohio State University Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.7419

Amount of Each Receipt this Period
750.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Byron Clay May

Mailing Address 6 Spring Creek Wynd

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Wellmont Holston Valley Hospit Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.7421

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Calvin J. McAllister

Mailing Address 248 Georgetown Ct

City State Zip Code
Idaho Falls ID 83404

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

Name of Employer Occupation
Intermountain Radiation Oncolo Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2009

Transaction ID: SA11AI.7424

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Darcy R. McBride

Mailing Address 2578 Oriole Ave N

City State Zip Code
West Lakeland MN 55082

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

Name of Employer Health East Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.7427

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bradley T. McCall

Mailing Address 2710 Beverwick Rd

City State Zip Code
Charlotte NC 28211

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

Name of Employer Southeast Radiation Oncology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11AI.7428

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert McCammon

Mailing Address 200 Queens Rd Ste 400

City State Zip Code
Charlotte NC 28204

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

Name of Employer Southeast Radiation Oncology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11AI.7429

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)

LaMar Scott McGinnis, III

Mailing Address 200 Queens Rd Ste 400

City State Zip Code
Charlotte NC 28204-3252

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

Name of Employer Occupation
Southeast Radiation Oncology Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11AI.7430

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Charles J. Meakin

Mailing Address 2525 Court Dr

City State Zip Code
Gastonia NC 28053-1747

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

Name of Employer Occupation
Gastonia Memorial Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11AI.7431

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Robena E. Medbery

Mailing Address 725 South 8th Street

City State Zip Code
Griffin GA 30023

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

Name of Employer Occupation
Griffin Radiation Therapy Ctr. Radiation Oncologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.7662

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Ruby F. Meredith

Mailing Address 619 South 19th Street

City Birmingham State AL Zip Code 35233

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

Name of Employer Univ. of Alabama Medical Ctr. Occupation Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2009

Transaction ID: SA11AI.7432

Amount of Each Receipt this Period 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jeff Michalski

Mailing Address 29 Fieldstone Trail

City Ladue State MO Zip Code 63124

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

Name of Employer Washington University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2009

Transaction ID: SA11AI.7433

Amount of Each Receipt this Period 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. John E. Mignano

Mailing Address 162 Mason Terrace

City Brookline State MA Zip Code 02111

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

Name of Employer Tufts Medical Center Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.7435

Amount of Each Receipt this Period 750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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FOR LINE NUMBER: PAGE 33 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Gregory Mitro
 Mailing Address 3535 McKees Ct
 City Harrisburg State NC Zip Code 28075
 Date of Receipt 09 / 14 / 2009
 Transaction ID: SA11AI.7441
 Amount of Each Receipt this Period 250.00
 Contribution
 Name of Employer Southeast Radiation Oncology Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00
 FEC ID number of contributing federal political committee. C

B. Full Name (Last, First, Middle Initial)
Dr. Paul David Monsour
 Mailing Address 2608 Gay Lynn Dr.
 City Kenner State LA Zip Code 70065
 Date of Receipt 10 / 14 / 2009
 Transaction ID: SA11AI.7442
 Amount of Each Receipt this Period 1000.00
 Contribution
 Name of Employer self Occupation Radiation oncologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00
 FEC ID number of contributing federal political committee. C

C. Full Name (Last, First, Middle Initial)
Dr. Jefferson Moulds
 Mailing Address 1752 17th Street, NW
 City Washington State DC Zip Code 20009
 Date of Receipt 08 / 03 / 2009
 Transaction ID: SA11AI.7446
 Amount of Each Receipt this Period 1000.00
 Contribution
 Name of Employer Georgetown University Hospital Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00
 FEC ID number of contributing federal political committee. C

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 34 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

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

Mailing Address 40 N. Comino Miramonte

City Tucson State AZ Zip Code 85716

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

Name of Employer Arizona Oncology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 26 / 2009

Transaction ID: SA11AI.7448

Amount of Each Receipt this Period 100.00

Contribution

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

Mailing Address 40 N. Comino Miramonte

City Tucson State AZ Zip Code 85716

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

Name of Employer Arizona Oncology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 21 / 2009

Transaction ID: SA11AI.7447

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 6903 Maple Creek Lane

City Dallas State TX Zip Code 75252

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

Name of Employer Presbyterian Hospital of Dalla Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2009

Transaction ID: SA11AI.7449

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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FOR LINE NUMBER: PAGE 35 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Stephen S. Nigh

Mailing Address 1434 Hawthorne Lane

City State Zip Code
Glenview IL 60005

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

Name of Employer Radiation Oncology Associates
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.7450

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 7025 16th Street SE

City State Zip Code
Grand Forks ND 58201

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

Name of Employer Cancer Center of North Dakota
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.7454

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Christopher A. Peters

Mailing Address 581 Epirus Hill

City State Zip Code
South Abington Twp PA 18411

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

Name of Employer Northeast Radiation Oncology
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.7456

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 62
	<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Steven Plunkett	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 3751 Sedgewood Cir	Transaction ID: SA11AI.7458
	City State Zip Code Charlotte NC 28211-1323	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Southeast Radiation Oncology Occupation Physician 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. Alan Pollack	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 1111 Brickell Bay Drive, #1202	Transaction ID: SA11AI.7461
	City State Zip Code Miami FL 33136	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer University of Miami Occupation Radiation oncologist 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. Louis Potters	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 2 Sousa Dr	Transaction ID: SA11AI.7465
	City State Zip Code Sands Point NY 11050	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer North Shore Health System Occupation Radiation oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 724 South Bowman Ave

City State Zip Code
Merion Station PA 19066

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

Name of Employer Occupation
Crozer-Chester Medical Center Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.7467

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Arun Puranik

Mailing Address 711 Troy-Schenectady Road

City State Zip Code
Latham NY 12110

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

Name of Employer Occupation
Community Care Physicians Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2009

Transaction ID: SA11AI.7468

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Mohamedyakub A. Puthawala

Mailing Address 5 White Horse Road

City State Zip Code
Lincoln RI 02865

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

Name of Employer Occupation
Pratt Radiation Oncology Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.7469

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

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

Mailing Address 226 Abbott Woods

City State Zip Code
East Lansing MI 48910

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

Name of Employer Occupation
University of Michigan Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.7473

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Lillian Hamilton Rinker

Mailing Address 9150 Forest Hill Way

City State Zip Code
Germantown TN 38138

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

Name of Employer Occupation
MRPC Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.7477

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Davis A. Romney

Mailing Address 148 E Frances Ln

City State Zip Code
Gilbert AZ 85295

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

Name of Employer Occupation
Arizona Oncology Services Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.7478

Amount of Each Receipt this Period
750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Kevin Roof

Mailing Address 17728 Spinnakers Reach Dr

City State Zip Code
Cornelius NC 28031

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

Name of Employer Southeast Radiation Oncology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.7480

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Christopher Rose

Mailing Address 142 S Lucerne Blvd

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Valley Radiotherapy
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.7482

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. John R. Russell

Mailing Address 6408 Canebrake Rd

City State Zip Code
Mobile AL 36695

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

Name of Employer Cancer Ctr of Southern Alabama
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.7484

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 80 Seymour Street
P.O. Box 5037

City Hartford State CT Zip Code 06102

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

Name of Employer Hartford Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2009

Transaction ID: SA11AI.7485

Amount of Each Receipt this Period
250.00

Contribution

B.

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

Mailing Address 1041 N 29th St

City Billings State MT Zip Code 59101

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

Name of Employer Billings Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.7489

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Grant Seeger

Mailing Address 825 Shadyridge Ct

City Grand Forks State ND Zip Code 58201

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

Name of Employer Altru Cancer Center Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: SA11AI.7495

Amount of Each Receipt this Period
100.00

Contribution

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 41 / 62
(check only one)

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<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Patricia L. Seid

Mailing Address 51 Acacia Avenue

City State Zip Code
Belvedere CA 94920

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

Name of Employer
Radiology Medical Group
Napa

Occupation
Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.7497

Amount of Each Receipt this Period
750.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Cathy Seymore

Mailing Address 8015 Kiwi Point

City State Zip Code
Teга Cay SC 29708

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

Name of Employer
Southeast Radiation Oncology

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2009

Transaction ID: SA11AI.7498

Amount of Each Receipt this Period
250.00

Contribution

C.

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

Mailing Address 2100 11th St., NW Unit 403

City State Zip Code
Washington DC 20001

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

Name of Employer
Associates in Radiation
Medici

Occupation
Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2009

Transaction ID: SA11AI.7502

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 62
(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 4031 Upper Creek Rd

City State Zip Code
Sun City Center FL 33573

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

Name of Employer Tampa Bay Radiation Oncology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.7503

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Vipul Thakkar

Mailing Address 23086 Norwalk Ln

City State Zip Code
Fort Mill SC 29707

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

Name of Employer Cleveland Clinic
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2009

Transaction ID: SA11AI.7510

Amount of Each Receipt this Period
250.00

Contribution

C.

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

Mailing Address 312 Cascade Ct

City State Zip Code
Columbus GA 31904

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

Name of Employer self
Occupation Radiation oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.7512

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 62

(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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Sandra Tincher		Date of Receipt
	Mailing Address 2217 Mill Run Circle		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Birmingham	AL	35226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7514
Name of Employer Southeastern Oncology Association		Occupation Radiation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="750.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Dr. H. Anthony Tran		Date of Receipt
	Mailing Address 5510 Cowhorn Creek Road		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Texarkana	TX	77503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7515
Name of Employer New Hope Cancer Institute		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Thomas Trautmann		Date of Receipt
	Mailing Address 10718 Old Wayside Rd		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7516
Name of Employer Southeast Radiation Oncology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Prabhakar Tripuraneni

Mailing Address 14035 Caminto Vistana

City State Zip Code
San Diego CA 92037

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

Name of Employer Scripps Clinic Occupation Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7518

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Rudolph W. Varesko

Mailing Address 63 Bella Vista Gds

City State Zip Code
Mayaguez PR 00680

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

Name of Employer Self Occupation Radiation oncologist

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

Date of Receipt

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

Transaction ID: SA11AI.7519

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
William B. Warlick, Jr.

Mailing Address 2001 Stonebridge Ln

City State Zip Code
Charlotte NC 28211

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

Name of Employer Southeast Radiation Oncology Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.7523

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 62
(check only one)

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<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

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

Mailing Address 52 Arrowhead Circle

City Ashland State MA Zip Code 01721

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

Name of Employer Tufts Medical Center Occupation Radiation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2009

Transaction ID: SA11AI.7524

Amount of Each Receipt this Period 500.00

Contribution

B.

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

Mailing Address 27 Lester Rd

City Statesboro State GA Zip Code 30459

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

Name of Employer Statesboro Oncology Associates Occupation Radiation oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2009

Transaction ID: SA11AI.7527

Amount of Each Receipt this Period 750.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Geoffrey Weinstein

Mailing Address 7901 Frost Street

City San Diego State CA Zip Code 92123

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

Name of Employer Sharp Memorial Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2009

Transaction ID: SA11AI.7528

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 62
	<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Stephanie E. Weiss		Date of Receipt
	Mailing Address 448 Quinobequin Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waban	MA	02468
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7529
Name of Employer Brigham and Women's Hospital		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Steven J. Westgate		Date of Receipt
	Mailing Address PO Box 30107		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Columbia	MO	65205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7532
Name of Employer self		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Dr. James A. Wheeler		Date of Receipt
	Mailing Address 200 High Park Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Goshen	IN	46526
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7533
Name of Employer Center for Cancer Care		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 62
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Norman R. Willis		Date of Receipt
	Mailing Address 15775 NE Eilers Rd		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Aurora	OR	97002
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA11AI.7538
Name of Employer Self		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Van H. Woo		Date of Receipt
	Mailing Address 2235 W. 111th St.		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jenks	OK	74066
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA11AI.7542
Name of Employer Radiation Oncology Services		Occupation Radiation oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="72300.00"/>

**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)

<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement Contribution Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7627 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement Contribution Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7609 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS <hr/> Mailing Address PO Box 390 <hr/> City Waterloo State IA Zip Code 50704 <hr/> Purpose of Disbursement Contribution Candidate Name BRUCE L BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7569 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS	Transaction ID: SB23.7580 Date of Disbursement
	Mailing Address 301 W. Platt Street #385	<input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name KATHY CASTOR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 11	

B.	Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.7551 Date of Disbursement
	Mailing Address PO Box 12612	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES A GONZALEZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 20	

C.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC	Transaction ID: SB23.7594 Date of Disbursement
	Mailing Address PO Box 80126	<input type="text" value="09"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES DR. JR. BOUSTANY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 07	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.7556 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="07"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="750.00"/>
	Candidate Name JASON ALTMIRE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <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: SB23.7570 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JASON ALTMIRE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: SB23.7621 Date of Disbursement
	Mailing Address POST OFFICE BOX 977	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name THOMAS A COBURN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2750.00"/>
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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name EDOLPHUS TOWNS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7611</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC</p> <p>Mailing Address PO BOX 12425</p> <p>City COLUMBIA State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JAMES W DEMINT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7605</p> <p>Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ELIOT ENGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7546</p> <p>Date of Disbursement 07 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7626</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name VIRGINIA BROWN-WAITE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7618</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name GLENN CARLYLE III NYE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7561</p> <p>Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER <hr/> Mailing Address Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 Purpose of Disbursement Contribution Candidate Name JOHN S. TANNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7612 Date of Disbursement 10 / 26 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Contribution Candidate Name LOIS G CAPPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7562 Date of Disbursement 07 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 Purpose of Disbursement Contribution Candidate Name CHARLES E SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7588 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<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 Contribution</p> <p>Candidate Name GABRIELLE GIFFORDS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7581</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE</p> <p>Mailing Address 313 C STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7597</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE</p> <p>Mailing Address 313 C STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7625</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name J. PHILLIP GINGREY Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 11</p>	<p>Transaction ID: SB23.7587</p> <p>Date of Disbursement <input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS</p> <p>Mailing Address PO BOX 2619</p> <p>City HUNTSVILLE State AL Zip Code 35804</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name R PARKER GRIFFITH Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 05</p>	<p>Transaction ID: SB23.7614</p> <p>Date of Disbursement <input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS</p> <p>Mailing Address PO BOX 28</p> <p>City BUFFALO State NY Zip Code 14220</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name BRIAN HIGGINS Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 27</p>	<p>Transaction ID: SB23.7555</p> <p>Date of Disbursement <input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS	Transaction ID: SB23.7571 Date of Disbursement 09 / 15 / 2009
	Mailing Address 103 West Broadway St, P.O. Box 712 200 North Main St. P.O. Box 712	Amount of Each Disbursement this Period 1000.00
	City Monticello State IN Zip Code 47960	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STEVE BUYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: SB23.7549 Date of Disbursement 07 / 16 / 2009
	Mailing Address PO BOX 45444	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN B. SHADEGG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.7639 Date of Disbursement 09 / 17 / 2009
	Mailing Address PO BOX 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MARK STEVEN KIRK	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.7548 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO Box 521048 Suite A	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JAMES MATHESON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.7563 Date of Disbursement 08 / 26 / 2009
	Mailing Address PO Box 521048 Suite A	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JAMES MATHESON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.7565 Date of Disbursement 09 / 10 / 2009
	Mailing Address PO Box 521048 Suite A	Amount of Each Disbursement this Period 1500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JAMES MATHESON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.7608 Date of Disbursement 10 / 10 / 2009
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 2500.00
	City Sacramento State CA Zip Code 95841	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MIKE THOMPSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MODERATE DEMOCRATS PAC	Transaction ID: SB23.7666 Date of Disbursement 12 / 31 / 2009
	Mailing Address 426 C STREET NE	Amount of Each Disbursement this Period -2500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Void of Contribution Check Dated 7/16/09	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.7564 Date of Disbursement 09 / 10 / 2009
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 2500.00
	City LONG BRANCH State NJ Zip Code 07740	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name FRANK JR PALLONE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.7547 Date of Disbursement 07 / 13 / 2009
	Mailing Address P.O. Box 8331	Amount of Each Disbursement this Period 1000.00
	City Fremont State CA Zip Code 94537	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name PETE STARK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 13	

B.	Full Name (Last, First, Middle Initial) REPUBLICAN MAINSTREET PARTNERSHIP PAC	Transaction ID: SB23.7550 Date of Disbursement 07 / 20 / 2009
	Mailing Address c/o G&W 2201 Wisconsin Ave. NW Suite 320	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.7603 Date of Disbursement 10 / 05 / 2009
	Mailing Address POST OFFICE BOX 5928	Amount of Each Disbursement this Period 2000.00
	City WINSTON-SALEM State NC Zip Code 27113	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name RICHARD M BURR	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 00	

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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS <hr/> Mailing Address Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL J ROGERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7557 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS <hr/> Mailing Address Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL J ROGERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7613 Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS <hr/> Mailing Address 1487 PARKWAY DRIVE <hr/> City BLACKFOOT State ID Zip Code 83221 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL K SIMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7600 Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address PO BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7545 Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name SUE MYRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7574 Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name PATRICK J TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7591 Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

<p>A. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address P.O. Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JOHN M SHIMKUS Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7610 Date of Disbursement: 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name GREGORY P WALDEN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7615 Date of Disbursement: 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS</p> <p>Mailing Address PO BOX 1682</p> <p>City BURLINGTON State VT Zip Code 05402</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name PETER WELCH Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7585 Date of Disbursement: 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

60750.00