

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343459

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

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

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY: 06 / 01 / 2011

through

MM / DD / YYYY: 06 / 30 / 2011

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

Type or Print Name of Treasurer DR William Herrington

Signature of Treasurer

DR William Herrington

[Electronically Filed]

Date

MM / DD / YYYY: 11 / 09 / 2011

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		694551.36
(b) Cash on Hand at Beginning of Reporting Period.....	965535.53	
(c) Total Receipts (from Line 19)	57162.75	717412.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1022698.28	1411963.99
7. Total Disbursements (from Line 31).....	184043.02	573308.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	838655.26	838655.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	50046.20	628683.71
(ii) Unitemized	7110.99	88682.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57157.19	717365.87
(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)	57157.19	717365.87
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.).....	5.56	46.76
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 Transfers (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))..... ▶	57162.75	717412.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57162.75	717412.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	181000.00	557000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	750.00	2520.00
(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)).....	750.00	2520.00
29. Other Disbursements	2293.02	13788.73
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	184043.02	573308.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184043.02	573308.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57157.19	717365.87
34. Total Contribution Refunds (from Line 28(d))	750.00	2520.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56407.19	714845.87
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

To amend the contribution from 6/14/2011 for Friends of Chris Murphy. Originally allocated to the primary election and it should have been allocated for the convention.

Form/Schedule:

Transaction ID:

**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 7 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. John Roberson
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 Meyer Farm Dr
 City Pinehurst State NC Zip Code 28374-6972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinehurst Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 40536626
 Amount of Each Receipt this Period
250.00

B. Dr. Robert Barr
 Full Name (Last, First, Middle Initial)
 Mailing Address Mecklenburg Radiology Assoc
 PO Box 221249
 City Charlotte State NC Zip Code 28222-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mecklenburg Radiology Associates, P.A. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **895.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2011
Transaction ID : 40544358
 Amount of Each Receipt this Period
21.00

C. Dr. Daniel DiPrete
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 Ocean Rd
 City Narragansett State RI Zip Code 02882-1390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Imaging Institute Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2011
Transaction ID : 40547570
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	771.00
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 8 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Denise Farleigh
 Full Name (Last, First, Middle Initial)
 Mailing Address 2140 Atwood Dr
 City Anchorage State AK Zip Code 99517-1335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549022
 Amount of Each Receipt this Period
 1500.00

B. Dr. Richard Newton
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 113 Nationwide dr
 City Lynchburg State VA Zip Code 24502-4272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549023
 Amount of Each Receipt this Period
 350.00

C. Dr. James Hall JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Overlink Court
 City Lynchburg State VA Zip Code 24503-3255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549024
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Daniel Schepens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1695 Trents Ferry Rd
 City Lynchburg State VA Zip Code 24503-6456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549025
 Amount of Each Receipt this Period
 350.00

B. Dr. Timothy Hellewell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Parkland Dr
 City Lynchburg State VA Zip Code 24503-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549026
 Amount of Each Receipt this Period
 350.00

C. Dr. Kevin O. Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 4709 John Scott Dr
 City Lynchburg State VA Zip Code 24503-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549032
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. John L. Alfieri
Full Name (Last, First, Middle Initial)

Mailing Address 500 New Britain Dr

City Lynchburg State VA Zip Code 24503-2146

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 10 / 2011
Transaction ID : 40549033

Amount of Each Receipt this Period
350.00

B. Dr. Parham Fox
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Consultants
113 Nationwide Dr

City Lynchburg State VA Zip Code 24502-4272

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 10 / 2011
Transaction ID : 40549034

Amount of Each Receipt this Period
350.00

C. Dr. Robert Green JR
Full Name (Last, First, Middle Initial)

Mailing Address 4900 Mountain Laurel Dr

City Lynchburg State VA Zip Code 24503-1971

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 10 / 2011
Transaction ID : 40549035

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 121
(check only one)

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

A. Dr. Erik Maurer
Full Name (Last, First, Middle Initial)
Mailing Address 9141 Basher Dr
City Anchorage State AK Zip Code 99507-1290
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549036
Amount of Each Receipt this Period 1000.00

B. Dr. W Bryan Winn
Full Name (Last, First, Middle Initial)
Mailing Address 5835 Pominence Pointe Dr
City Anchorage State AK Zip Code 99516-5415
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549064
Amount of Each Receipt this Period 1000.00

c. Dr. Neal J. Clinger
Full Name (Last, First, Middle Initial)
Mailing Address 6076 S View Ave
City Idaho Falls State ID Zip Code 83404-7781
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549065
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00
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 12 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3971 Woodhaven Ln

City Idaho Falls State ID Zip Code 83404-7959

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

Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549066

Amount of Each Receipt this Period 400.00

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

Mailing Address 7690 Silver Spur Loop

City Idaho Falls State ID Zip Code 83406-5025

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

Name of Employer Alaska Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549067

Amount of Each Receipt this Period 400.00

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

Mailing Address 2964 Balboa Dr

City Idaho Falls State ID Zip Code 83404-7498

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

Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549068

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Steven Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 3536 S Holmes Ave
 City Idaho Falls State ID Zip Code 83404-7911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549075
 Amount of Each Receipt this Period
 400.00

B. Dr. John Strobel
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Imaging Associates
 2440 E 25th St
 City Idaho Falls State ID Zip Code 83404-7549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549076
 Amount of Each Receipt this Period
 400.00

C. Dr. James Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 Greystone Ln
 City Idaho Falls State ID Zip Code 83404-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 40549077
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 121
	<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	<input type="checkbox"/> 17

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

A. Dr. Peter Vance
Full Name (Last, First, Middle Initial)

Mailing Address 2938 Balboa Dr

City Idaho Falls State ID Zip Code 83404-7498

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

Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549078

Amount of Each Receipt this Period 400.00

B. Dr. David Warden III
Full Name (Last, First, Middle Initial)

Mailing Address Medical Imaging Associates
2440 E 25th St Cir

City Idaho Falls State ID Zip Code 83404-7549

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

Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011
Transaction ID : 40549079

Amount of Each Receipt this Period 400.00

C. Dr. Steven Urbanski
Full Name (Last, First, Middle Initial)

Mailing Address 1253 Mapleton Ave

City Suffield State CT Zip Code 06078-1336

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

Name of Employer Jefferson Radiology Group, PC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2011
Transaction ID : 40769342

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Raymond Tu
Full Name (Last, First, Middle Initial)

Mailing Address 1539 27th St NW

City Washington State DC Zip Code 20007-3030

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

Name of Employer Progressive Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2011

Transaction ID : 40785317

Amount of Each Receipt this Period
250.00

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

Mailing Address Gundersen/Lutheran Med Ctr
1900 South Ave C02-002

City La Crosse State WI Zip Code 54601-5467

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

Name of Employer Gundersen Lutheran Clinic Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2011

Transaction ID : 40785318

Amount of Each Receipt this Period
83.34

C. Dr. A Tanner Shilling
Full Name (Last, First, Middle Initial)

Mailing Address 1124 Hilltop Rd

City Charlottesville State VA Zip Code 22903-1221

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

Name of Employer Radiology Consultants of Lynchburg Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2011

Transaction ID : 40785320

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	683.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Bibb Allen JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3245 E Briarcliff Rd
 City Birmingham State AL Zip Code 35223-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montclair Baptist Medical Center Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 15 / 2011
Transaction ID : 40785727
 Amount of Each Receipt this Period 625.00

B. Dr. Clarence Davis III
 Full Name (Last, First, Middle Initial)
 Mailing Address 627 Springlake Rd
 City Columbia State SC Zip Code 29206-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lexington Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2011
Transaction ID : 40785728
 Amount of Each Receipt this Period 250.00

C. Dr. John Lohnes JR
 Full Name (Last, First, Middle Initial)
 Mailing Address Wichita Radiological Group PA
 PO Box 8903
 City Wichita State KS Zip Code 67208-0903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wichita Radiological Group PA Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2011
Transaction ID : 40785729
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ► 1125.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Miller		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2011 Transaction ID : 40785730
Mailing Address 23 Moffat Rd		Amount of Each Receipt this Period 250.00
City Waban	State MA	Zip Code 02468-1112
FEC ID number of contributing federal political committee. C		
Name of Employer Newton Wellesley Hosp	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Poulton		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2011 Transaction ID : 40785731
Mailing Address Aultman Hospital 2600 6th St SW		Amount of Each Receipt this Period 250.00
City Canton	State OH	Zip Code 44710-1702
FEC ID number of contributing federal political committee. C		
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Timothy Farrell		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2011 Transaction ID : 40785733
Mailing Address 128 Killarney		Amount of Each Receipt this Period 250.00
City Williamsburg	State VA	Zip Code 23188-8415
FEC ID number of contributing federal political committee. C		
Name of Employer Peninsula Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Bradford Richmond
 Full Name (Last, First, Middle Initial)
 Mailing Address Cleveland Clinic Foundation
 9500 Euclid Ave
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785735
 Amount of Each Receipt this Period
40.00

B. Dr. Andrew Beloni
 Full Name (Last, First, Middle Initial)
 Mailing Address 5624 Laurium Rd
 City Charlotte State NC Zip Code 28226-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **290.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785736
 Amount of Each Receipt this Period
50.00

C. Dr. Mark Alson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6641 N Forkner Ave
 City Fresno State CA Zip Code 93711-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785737
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **140.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Robert Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Southview PI NE
 City Lenoir State NC Zip Code 28645-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lenoir Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785738
 Amount of Each Receipt this Period
 50.00

B. Dr. Christopher Conlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6590 Andersonville Rd
 City Clarkston State MI Zip Code 48346-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DRA of Flint, PC Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785739
 Amount of Each Receipt this Period
 100.00

C. Dr. Ira Adler
 Full Name (Last, First, Middle Initial)
 Mailing Address 879 Lexington Dr
 City Greenville State NC Zip Code 27834-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785740
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. David Buck
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 Harrison Rd
 City State Zip Code
 Turtle Creek PA 15145-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiologic Consultants, Ltd. Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 06 / 15 / 2011
Transaction ID : 40785741
 Amount of Each Receipt this Period
 42.00

B. Dr. Rayda Hernandez-Guasch
 Full Name (Last, First, Middle Initial)
 Mailing Address Mail Boxes Etc
 89 Ave De Diego Ste 105
 City State Zip Code
 San Juan PR 00927-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Puerto Rico Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 06 / 15 / 2011
Transaction ID : 40785742
 Amount of Each Receipt this Period
 100.00

C. Dr. Terry Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address Rad Assoc of Birmingham PC
 2090 Columbiana Rd.
 City State Zip Code
 Vestavia AL 35216-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rad Assoc of Birmingham PC Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 15 / 2011
Transaction ID : 40785743
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 21 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Kent Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Sundance Path
 City State Zip Code
 Stevensville MI 49127-9376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiology Associates of Berrie Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785748
 Amount of Each Receipt this Period
 42.00

B. Dr. Paul Ellenbogen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 Cliffbrook Dr
 City State Zip Code
 Dallas TX 75254-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwest Imaging & Interven specialis Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1270.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785750
 Amount of Each Receipt this Period
 208.34

C. Dr. James Courtney
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Hillwood Rd
 City State Zip Code
 Mobile AL 36608-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiology Associates of Mobile Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785751
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	292.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Demetrius Morros
Full Name (Last, First, Middle Initial)

Mailing Address 7418 Ridgcrest Court Rd

City Vestavia Hls State AL Zip Code 35242-0525

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

Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **06 / 15 / 2011**

Transaction ID : 40785752

Amount of Each Receipt this Period **83.34**

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

Mailing Address 1480 Brookfield Rd

City Yardley State PA Zip Code 19067-3930

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

Name of Employer Radiology Affiliates of Central New Je Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 15 / 2011**

Transaction ID : 40785754

Amount of Each Receipt this Period **40.00**

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

Mailing Address 165 Via Foresta Ln

City Williamsville State NY Zip Code 14221-1984

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

Name of Employer Windsong Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **612.52**

Date of Receipt **06 / 15 / 2011**

Transaction ID : 40785758

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **173.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 121
	<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"/>	<input type="checkbox"/> 17

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

A. Dr. Raymond A. Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology of Huntsville
 2006 Franklin St SE Ste 200
 City Huntsville State AL Zip Code 35801-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Medical Ctr-Montclair Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785759
 Amount of Each Receipt this Period
 100.00

B. Dr. Paul Lampert
 Full Name (Last, First, Middle Initial)
 Mailing Address 11595 E 26th St
 City Yuma State AZ Zip Code 85367-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MDIG Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785760
 Amount of Each Receipt this Period
 125.00

C. Dr. H E. Longmaid III
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Harwich Rd
 City Chestnut Hill State MA Zip Code 02467-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 40785761
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	266.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7109 Cove Pointe Pl

City Prospect	State KY	Zip Code 40059-9680
------------------	-------------	------------------------

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

Name of Employer Diag. Imaging Alliance of Louisville	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 40785763

Amount of Each Receipt this Period

42.00

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

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City Saint Cloud	State MN	Zip Code 56303-1900
---------------------	-------------	------------------------

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

Name of Employer Regional Diagnostic Radiology	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 40785765

Amount of Each Receipt this Period

208.34

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

Mailing Address 6125 Prominence Pointe Dr

City Anchorage	State AK	Zip Code 99516-5421
-------------------	-------------	------------------------

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

Name of Employer Alaska Radiology Associates	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2011

Transaction ID : 40789913

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Mark Yuhasz		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40945800
Mailing Address Tacoma Radiological Associates PO Box 1535		Amount of Each Receipt this Period 250.00
City Tacoma	State WA	
Zip Code 98401-1535		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Tacoma Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Robert Rhodes III		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40948000
Mailing Address 1041 Maple Ct		Amount of Each Receipt this Period 125.00
City Athens	State GA	
Zip Code 30606-5746		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Athens Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. C Randall Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40948001
Mailing Address 124 W Lake Ct		Amount of Each Receipt this Period 125.00
City Athens	State GA	
Zip Code 30606-4655		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Athens Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Mark LeQuire		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40948002
Mailing Address 2055 Myrtlewood Dr		Amount of Each Receipt this Period 250.00
City Montgomery	State AL	Zip Code 36111-1003
FEC ID number of contributing federal political committee. C		
Name of Employer Montgomery Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Curtis Poor		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40948003
Mailing Address 2415 Eagle Cir		Amount of Each Receipt this Period 250.00
City Bettendorf	State IA	Zip Code 52722-6202
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Group PC SC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Sean Theisen		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : 40948004
Mailing Address 1346 Whispering Maples Ct		Amount of Each Receipt this Period 500.00
City Ann Arbor	State MI	Zip Code 48108-2492
FEC ID number of contributing federal political committee. C		
Name of Employer Huron Valley Radiology	Occupation Diagnostic Radiologist	
Receipt For: <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).....▶	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 27 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Michael Shick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2921 Crossfield Dr
 City Greensboro State NC Zip Code 27408-6743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Univ Baptist Med C Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948005
 Amount of Each Receipt this Period
 125.00

B. Dr. Leonard Zawodniak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1439 Garrett Dr
 City Wall Township State NJ Zip Code 07719-9648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jersey Shore Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948011
 Amount of Each Receipt this Period
 40.00

C. Dr. Howard Bear
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 Pearlman Way
 City San Diego State CA Zip Code 92130-2789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Imaging Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948015
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 28 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9132 E 101st PI

City Tulsa State OK Zip Code 74133-6912

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

Name of Employer Univ of Oklahoma Health Sci Ctr Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2011
Transaction ID : 40948020

Amount of Each Receipt this Period 250.00

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

Mailing Address 14 Ryedale Ct

City Greenville State SC Zip Code 29615-6037

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 30 / 2011
Transaction ID : 40948021

Amount of Each Receipt this Period 41.67

C. Dr. Jugesh Cheema
Full Name (Last, First, Middle Initial)

Mailing Address 2466 Oak Bend PI

City Newburgh State IN Zip Code 47630-8053

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

Name of Employer Medical Center of Delaware Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2011
Transaction ID : 40948025

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 366.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2509 Middleton Beach Rd

City Middleton State WI Zip Code 53562-2912

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

Name of Employer Madison Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948026

Amount of Each Receipt this Period
30.42

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

Mailing Address 1907 Redbud Lane

City Bloomington State IL Zip Code 61704-2773

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

Name of Employer Bloomington Radiology SC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948027

Amount of Each Receipt this Period
100.00

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

Mailing Address 5600 Laurium Rd

City Charlotte State NC Zip Code 28226-5610

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948029

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	170.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948031

Amount of Each Receipt this Period
 42.00

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

Mailing Address Medical College of Georgia
1120 15th St BA1414

City Augusta State GA Zip Code 30912-0004

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

Name of Employer Medical College of Georgia Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948033

Amount of Each Receipt this Period
 83.34

C. Dr. Mary Pomeroy
Full Name (Last, First, Middle Initial)

Mailing Address 2625 Rolling Hills Dr

City Monroe State NC Zip Code 28110-8408

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948036

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. John Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 West Gap Creek Road
 City Greer State SC Zip Code 29651-5065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948037
 Amount of Each Receipt this Period
 42.00

B. Dr. Alfred Mansour JR
 Full Name (Last, First, Middle Initial)
 Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A
 City Alexandria State LA Zip Code 71301-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948039
 Amount of Each Receipt this Period
 83.34

C. Dr. Gregory Galdino
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Applestone Dr
 City Jackson State TN Zip Code 38305-6919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : 40948052
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	175.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. W Shawn Conwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 293 Piney Bluff Rd
 City Rembert State SC Zip Code 29128-9630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pitts Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : 40948053
 Amount of Each Receipt this Period **625.00**

B. Dr. Mark Wittry
 Full Name (Last, First, Middle Initial)
 Mailing Address 10525 Concord School Rd
 City Saint Louis State MO Zip Code 63128-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : 40948055
 Amount of Each Receipt this Period **85.00**

C. Dr. James Bezreh
 Full Name (Last, First, Middle Initial)
 Mailing Address South Shore Hospital
 55 Fogg Rd
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **06 / 30 / 2011**
Transaction ID : 40948056
 Amount of Each Receipt this Period **111.12**

SUBTOTAL of Receipts This Page (optional)..... **821.12**
TOTAL This Period (last page this line 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 33 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Amy Kirby		Date of Receipt 06 / 30 / 2011 Transaction ID : 40948059
Mailing Address 14708 Hollyhock Dr		Amount of Each Receipt this Period 200.00
City Oklahoma City	State OK	Zip Code 73142-1804
FEC ID number of contributing federal political committee. C		
Name of Employer Eagle Eye Imaging	Occupation Radiology Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) B. Dr. Elsie Cintron		Date of Receipt 06 / 30 / 2011 Transaction ID : 40948061
Mailing Address Urb San Francisco 125 Aleli St		Amount of Each Receipt this Period 100.00
City San Juan	State PR	Zip Code 00927-6306
FEC ID number of contributing federal political committee. C		
Name of Employer UAMC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Martin Schwartz		Date of Receipt 06 / 30 / 2011 Transaction ID : 40948063
Mailing Address Radiology Associates of Birmingham 2090 Columbiana Rd Ste 4400		Amount of Each Receipt this Period 100.00
City Vestavia	State AL	Zip Code 35216-2152
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Birmingham, PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Rita S. Patel		Date of Receipt MM / DD / YYYY 06 / 02 / 2011 Transaction ID : 40951154
Mailing Address 3 Ware Rd		Amount of Each Receipt this Period 30.00
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	
Occupation Diagnostic Radiologist		Aggregate Year-to-Date ▼ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mitchell Miller		Date of Receipt MM / DD / YYYY 06 / 02 / 2011 Transaction ID : 40951155
Mailing Address 2 Constitution Ct Apt 1009		Amount of Each Receipt this Period 30.00
City Hoboken	State NJ	Zip Code 07030-6730
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	
Occupation Diagnostic Radiologist		Aggregate Year-to-Date ▼ 580.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sean D. Pierce		Date of Receipt MM / DD / YYYY 06 / 02 / 2011 Transaction ID : 40951156
Mailing Address 509 48th Ave Apt 2A		Amount of Each Receipt this Period 30.00
City Long Island City	State NY	Zip Code 11101-5604
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	
Occupation Diagnostic Radiologist		Aggregate Year-to-Date ▼ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 35 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. George Joseph Ferrone
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 E 62nd St Apt 18F
 City New York State NY Zip Code 10065-8345
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951157
 Amount of Each Receipt this Period 30.00

B. Dr. Hiten Magan Malde
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Kinkaid Ave
 City Closter State NJ Zip Code 07624-2908
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951158
 Amount of Each Receipt this Period 30.00

C. Dr. Adam Bogomol
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 72nd St Apt 11K
 City New York State NY Zip Code 10023-3267
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951159
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
06 / 02 / 2011
Transaction ID : 40951160

Amount of Each Receipt this Period
30.00

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

Mailing Address 124 W 60th St Apt 45

City New York State NY Zip Code 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
06 / 02 / 2011
Transaction ID : 40951161

Amount of Each Receipt this Period
30.00

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

Mailing Address 35 Annfield Ct

City Staten Island State NY Zip Code 10304-1301

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
06 / 02 / 2011
Transaction ID : 40951162

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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 37 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951163

Amount of Each Receipt this Period 30.00

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951165

Amount of Each Receipt this Period 30.00

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

Mailing Address 505 Ivy Lane

City Wyckoff State NJ Zip Code 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011
Transaction ID : 40951166

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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 38 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Patrick Toth
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E 80th St Apt 8F
 City New York State NY Zip Code 10075-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951167
 Amount of Each Receipt this Period
 30.00

B. Dr. John DeMeritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951168
 Amount of Each Receipt this Period
 30.00

C. Dr. William Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Golf Course Dr
 City Leonia State NJ Zip Code 07605-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951169
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.23
TOTAL This Period (last page this line 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 39 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Gene Han		Date of Receipt
Mailing Address 24 Briarcliff Rd		M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011
City State Zip Code Tenafly NJ 07670-2902		Transaction ID : 40951170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) B. Dr. Robert Krugman		Date of Receipt
Mailing Address 334 W 86th St Apt 4C		M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011
City State Zip Code New York NY 10024-3157		Transaction ID : 40951171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) C. Dr. Gail Starr		Date of Receipt
Mailing Address 754 Drayton Pl		M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011
City State Zip Code Rivervale NJ 07675-6116		Transaction ID : 40951172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Gregory Nicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Riverside Blvd
 Apt 14P
 City New York State NY Zip Code 10069-0314
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951173
 Amount of Each Receipt this Period
 19.23

B. Dr. Regina Chu
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Ogle Rd
 City Old Tappan State NJ Zip Code 07675-7028
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951174
 Amount of Each Receipt this Period
 19.23

C. Dr. Sunitha Sunkavalli
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 High Mountain Rd
 City Franklin Lakes State NJ Zip Code 07417-1619
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : 40951175
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Margaret Emy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011 Transaction ID : 40951176
Mailing Address 245 Oxford Dr		Amount of Each Receipt this Period 19.23
City Tenafly	State NJ	Zip Code 07670-3117
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) B. Dr. Joel Budin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011 Transaction ID : 40951177
Mailing Address 140 Chestnut St		Amount of Each Receipt this Period 19.23
City Englewood	State NJ	Zip Code 07631-3033
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) C. Dr. Clement Yang		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2011 Transaction ID : 40951178
Mailing Address 555 W 59th St Apt 19E		Amount of Each Receipt this Period 19.23
City New York	State NY	Zip Code 10019-1006
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 121
	<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	

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

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

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
06 / 22 / 2011
Transaction ID : 40951194

Amount of Each Receipt this Period
30.00

B. Dr. Mitchell Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 07030-6730

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
06 / 22 / 2011
Transaction ID : 40951195

Amount of Each Receipt this Period
30.00

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
06 / 22 / 2011
Transaction ID : 40951196

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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 43 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. George Joseph Ferrone
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 E 62nd St Apt 18F
 City New York State NY Zip Code 10065-8345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951197
 Amount of Each Receipt this Period
 30.00

B. Dr. Hiten Magan Malde
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Kinkaid Ave
 City Closter State NJ Zip Code 07624-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951198
 Amount of Each Receipt this Period
 30.00

C. Dr. Adam Bogomol
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 72nd St Apt 11K
 City New York State NY Zip Code 10023-3267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951200
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 44 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Harry Agress JR
 Full Name (Last, First, Middle Initial)
 Mailing Address Hackensack University Medical Ctr
 30 Prospect Ave
 City Hackensack State NJ Zip Code 07601-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2011
Transaction ID : 40951201
 Amount of Each Receipt this Period
 30.00

B. Dr. Arthur S. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 W 60th St Apt 45
 City New York State NY Zip Code 10023-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2011
Transaction ID : 40951202
 Amount of Each Receipt this Period
 30.00

C. Dr. Kavita Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Annfield Ct
 City Staten Island State NY Zip Code 10304-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2011
Transaction ID : 40951203
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 45 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Osiason		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951204
Mailing Address 506 Julie Ct		Amount of Each Receipt this Period 30.00
City Wyckoff	State NJ	Zip Code 07481-1101
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. David Panush		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951205
Mailing Address 538 E 84th St Apt 4E		Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10028-7357
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Dr. Joel Rakow		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951206
Mailing Address 505 Ivy Lane		Amount of Each Receipt this Period 30.00
City Wyckoff	State NJ	Zip Code 07481-1072
FEC ID number of contributing federal political committee. C	Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Patrick Toth			Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951207
Mailing Address 201 E 80th St Apt 8F			Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10075-0515	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 360.00
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Dr. John DeMeritt			Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951208
Mailing Address 18 Baldwin Rd			Amount of Each Receipt this Period 30.00
City Saddle River	State NJ	Zip Code 07458-3203	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 360.00
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Dr. Regina Chu			Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951209
Mailing Address 15 Ogle Rd			Amount of Each Receipt this Period 19.23
City Old Tappan	State NJ	Zip Code 07675-7028	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 230.76
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76		

SUBTOTAL of Receipts This Page (optional).....▶	79.23
TOTAL This Period (last page this line 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 47 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Sunitha Sunkavalli
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 High Mountain Rd
 City Franklin Lakes State NJ Zip Code 07417-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951210
 Amount of Each Receipt this Period
 19.23

B. Dr. Margaret Emy
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 Oxford Dr
 City Tenafly State NJ Zip Code 07670-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951211
 Amount of Each Receipt this Period
 19.23

C. Dr. Joel Budin
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Chestnut St
 City Englewood State NJ Zip Code 07631-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951212
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 555 W 59th St Apt 19E

City New York State NY Zip Code 10019-1006

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **06 / 22 / 2011**

Transaction ID : 40951213

Amount of Each Receipt this Period **19.23**

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

Mailing Address 405 Golf Course Dr

City Leonia State NJ Zip Code 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **06 / 22 / 2011**

Transaction ID : 40951214

Amount of Each Receipt this Period **19.23**

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

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **06 / 22 / 2011**

Transaction ID : 40951215

Amount of Each Receipt this Period **19.23**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Robert Krugman
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 W 86th St Apt 4C
 City New York State NY Zip Code 10024-3157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.76**

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951216
 Amount of Each Receipt this Period
19.23

B. Dr. Gail Starr
 Full Name (Last, First, Middle Initial)
 Mailing Address 754 Drayton Pl
 City Rivervale State NJ Zip Code 07675-6116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.76**

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951217
 Amount of Each Receipt this Period
19.23

C. Dr. Gregory Nicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Riverside Blvd Apt 14P
 City New York State NY Zip Code 10069-0314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.76**

Date of Receipt
 06 / 22 / 2011
Transaction ID : 40951218
 Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....	57.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James Jelinek		Date of Receipt 06 / 22 / 2011 Transaction ID : 40951219
Mailing Address Washington Hospital Center 110 Irving St NW BA94		Amount of Each Receipt this Period 45.00
City Washington	State DC Zip Code 20010-3017	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 270.00
Name of Employer Center Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Janet Storella		Date of Receipt 06 / 22 / 2011 Transaction ID : 40951220
Mailing Address 6515 Fallwind Ln		Amount of Each Receipt this Period 40.00
City Bethesda	State MD Zip Code 20817-4941	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 440.00
Name of Employer Drs Grover, Christie & Merritt	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Berkenstock		Date of Receipt 06 / 22 / 2011 Transaction ID : 40951221
Mailing Address P.O. Box 3555		Amount of Each Receipt this Period 84.00
City Lancaster	State PA Zip Code 17604-3555	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 504.00
Name of Employer Lancaster Radiology Associates	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	169.00
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 51 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas Brooks		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951222
Mailing Address 1930 Pickering Trl		Amount of Each Receipt this Period 35.00
City Lancaster	State PA	Zip Code 17601-4972
FEC ID number of contributing federal political committee. C		
Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Dr. Cindy Janesky		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951227
Mailing Address Lancaster Radiology Associates PO Box 3555		Amount of Each Receipt this Period 50.00
City Lancaster	State PA	Zip Code 17604-3555
FEC ID number of contributing federal political committee. C		
Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Kramer		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951291
Mailing Address 2147 Meadow Ridge Dr		Amount of Each Receipt this Period 100.00
City Lancaster	State PA	Zip Code 17601-5762
FEC ID number of contributing federal political committee. C		
Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 52 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Paul Leslie		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951292
Mailing Address 260 Eshelman Rd		Amount of Each Receipt this Period 100.00
City Lancaster	State PA	Zip Code 17601-5645
FEC ID number of contributing federal political committee. C	Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Leigh Shuman		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951294
Mailing Address Lancaster Radiology Associates PO Box 3555		Amount of Each Receipt this Period 50.00
City Lancaster	State PA	Zip Code 17604-3555
FEC ID number of contributing federal political committee. C	Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Patrick Weybright		Date of Receipt MM / DD / YYYY 06 / 22 / 2011 Transaction ID : 40951297
Mailing Address 1234 Mastersonville Rd		Amount of Each Receipt this Period 100.00
City Manheim	State PA	Zip Code 17545-9461
FEC ID number of contributing federal political committee. C	Name of Employer Lancaster Radiology Associates	Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 53 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Simon Westacott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Glendower Dr
 City Lancaster State PA Zip Code 17601-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2011
Transaction ID : 40951298
 Amount of Each Receipt this Period
 100.00

B. Dr. Glenn Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address Scottsdale Med Imaging Ltd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951601
 Amount of Each Receipt this Period
 150.00

C. Dr. Michael Bruce Gotway
 Full Name (Last, First, Middle Initial)
 Mailing Address 9509 East Desert Cove
 City Scottsdale State AZ Zip Code 85260-6164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951603
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. William Horsley
 Full Name (Last, First, Middle Initial)
 Mailing Address Scottsdale Medical Imaging Ltd
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951604
 Amount of Each Receipt this Period
150.00

B. Dr. William Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 9477 E Shangri LA Rd
 City Scottsdale State AZ Zip Code 85260-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951605
 Amount of Each Receipt this Period
150.00

C. Dr. Mark Keiper
 Full Name (Last, First, Middle Initial)
 Mailing Address Scottsdale Medical Imaging
 3501 N Scottsdale Rd Ste 130
 City Scottsdale State AZ Zip Code 85251-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951606
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

A. Dr. Ronald Korn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6419 E Caron Dr
 City Paradise Valley State AZ Zip Code 85253-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951607
 Amount of Each Receipt this Period
150.00

B. Dr. Mark Kuo
 Full Name (Last, First, Middle Initial)
 Mailing Address 13026 E Turquoise Ave
 City Scottsdale State AZ Zip Code 85259-5341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951608
 Amount of Each Receipt this Period
150.00

C. Dr. Daniel Maki
 Full Name (Last, First, Middle Initial)
 Mailing Address 9944 E South Bend Dr
 City Scottsdale State AZ Zip Code 85255-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Diagnostic Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951609
 Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Christopher May
Full Name (Last, First, Middle Initial)
Mailing Address 14627 E Paradise Dr
City Fountain Hills State AZ Zip Code 85268-6157
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Imaging Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2011
Transaction ID : 40951610
Amount of Each Receipt this Period
150.00

B. Dr. Sunil Ram
Full Name (Last, First, Middle Initial)
Mailing Address 12455 N 118th Way
City Scottsdale State AZ Zip Code 85259-2718
FEC ID number of contributing federal political committee. **C**
Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2011
Transaction ID : 40951614
Amount of Each Receipt this Period
300.00

C. Dr. Terry Reeves
Full Name (Last, First, Middle Initial)
Mailing Address 10537 E Sunnyside Dr
City Scottsdale State AZ Zip Code 85259-2917
FEC ID number of contributing federal political committee. **C**
Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2011
Transaction ID : 40951615
Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	570.00
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 57 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Chad Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 10678 E Palm Ridge Dr
 City State Zip Code
 Scottsdale AZ 85255-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scottsdale Medical Imaging Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951616
 Amount of Each Receipt this Period
 150.00

B. Dr. D Christian Sonne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1532 Waller St
 City State Zip Code
 San Francisco CA 94117-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scottsdale Medical Imaging Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951617
 Amount of Each Receipt this Period
 150.00

C. Dr. William Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4045 E Desert Crest Dr
 City State Zip Code
 Paradise Valley AZ 85253-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scottsdale Medical Imaging Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951618
 Amount of Each Receipt this Period
 105.00

SUBTOTAL of Receipts This Page (optional).....▶	405.00
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 58 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Rodney Owen		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951619
Mailing Address 9122 N 60th St		Amount of Each Receipt this Period 270.00
City Paradise Valley	State AZ	Zip Code 85253-1735
FEC ID number of contributing federal political committee. C		
Name of Employer Scottsdale Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Dr. Hiten Magan Malde		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951624
Mailing Address 7 Kinkaid Ave		Amount of Each Receipt this Period 30.00
City Closter	State NJ	Zip Code 07624-2908
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Dr. Adam Bogomol		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951625
Mailing Address 200 W 72nd St Apt 11K		Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10023-3267
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 59 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Harry Agress JR		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951626
Mailing Address Hackensack University Medical Ctr 30 Prospect Ave		Amount of Each Receipt this Period 30.00
City Hackensack	State NJ	
Zip Code 07601-1914		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Arthur S. Albert		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951628
Mailing Address 124 W 60th St Apt 45		Amount of Each Receipt this Period 30.00
City New York	State NY	
Zip Code 10023-7451		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. Kavita Patel		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951629
Mailing Address 35 Annfield Ct		Amount of Each Receipt this Period 30.00
City Staten Island	State NY	
Zip Code 10304-1301		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 60 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Andrew Osiason
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Julie Ct
 City Wyckoff State NJ Zip Code 07481-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951630
 Amount of Each Receipt this Period
 30.00

B. Dr. David Panush
 Full Name (Last, First, Middle Initial)
 Mailing Address 538 E 84th St Apt 4E
 City New York State NY Zip Code 10028-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951631
 Amount of Each Receipt this Period
 30.00

C. Dr. Joel Rakow
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Ivy Lane
 City Wyckoff State NJ Zip Code 07481-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951632
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 61 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Sean D. Pierce		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951633
Mailing Address 509 48th Ave Apt 2A		Amount of Each Receipt this Period 30.00
City Long Island City	State NY	Zip Code 11101-5604
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Dr. George Joseph Ferrone		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951634
Mailing Address 440 E 62nd St Apt 18F		Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10065-8345
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Dr. Patrick Toth		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951635
Mailing Address 201 E 80th St Apt 8F		Amount of Each Receipt this Period 30.00
City New York	State NY	Zip Code 10075-0515
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:	PAGE 62 OF 121
(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 College of Radiology Association Political Action Committee

A. Dr. John DeMeritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Baldwin Rd
 City Saddle River State NJ Zip Code 07458-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951636
 Amount of Each Receipt this Period
 30.00

B. Dr. Rita S. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Ware Rd
 City Upper Saddle River State NJ Zip Code 07458-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951637
 Amount of Each Receipt this Period
 30.00

C. Dr. Mitchell Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Constitution Ct Apt 1009
 City Hoboken State NJ Zip Code 07030-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951638
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 63 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Regina Chu		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951639
Mailing Address 15 Ogle Rd		Amount of Each Receipt this Period 19.23
City Old Tappan	State NJ	Zip Code 07675-7028
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Dr. Sunitha Sunkavalli		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951640
Mailing Address 943 High Mountain Rd		Amount of Each Receipt this Period 19.23
City Franklin Lakes	State NJ	Zip Code 07417-1619
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Dr. Margaret Emy		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951641
Mailing Address 245 Oxford Dr		Amount of Each Receipt this Period 19.23
City Tenafly	State NJ	Zip Code 07670-3117
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Joel Budin		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951642
Mailing Address 140 Chestnut St		Amount of Each Receipt this Period 19.23
City Englewood	State NJ	Zip Code 07631-3033
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Dr. Clement Yang		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951643
Mailing Address 555 W 59th St Apt 19E		Amount of Each Receipt this Period 19.23
City New York	State NY	Zip Code 10019-1006
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Dr. William Kim		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951644
Mailing Address 405 Golf Course Dr		Amount of Each Receipt this Period 19.23
City Leonia	State NJ	Zip Code 07605-1415
FEC ID number of contributing federal political committee. C		
Name of Employer Hackensack Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Mailing Address 24 Briarcliff Rd

City Tenafly State NJ Zip Code 07670-2902

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951645

Amount of Each Receipt this Period
19.23

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

Mailing Address 334 W 86th St Apt 4C

City New York State NY Zip Code 10024-3157

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951646

Amount of Each Receipt this Period
19.23

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

Mailing Address 754 Drayton Pl

City Rivervale State NJ Zip Code 07675-6116

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951647

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Gregory Nicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Riverside Blvd
 Apt 14P
 City New York State NY Zip Code 10069-0314
 Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951649
 Amount of Each Receipt this Period 19.23

B. Dr. Eric Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address Bryn Mawr Hospital
 130 S Bryn Mawr Ave
 City Bryn Mawr State PA Zip Code 19010-3121
 Name of Employer Radiology Associates of the Main Line Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.36

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951659
 Amount of Each Receipt this Period 108.34

C. Dr. William Enochs
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Poplar Ave
 City Wayne State PA Zip Code 19087-3504
 Name of Employer Thomas Jefferson University Ho Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951666
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.57
TOTAL This Period (last page this line 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 67 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Vipin Bansal
Full Name (Last, First, Middle Initial)

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City Sacramento State CA Zip Code 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951669

Amount of Each Receipt this Period **150.00**

B. Dr. Garyun Blackmon
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Rustic Woods Way

City Loomis State CA Zip Code 95650-8038

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951670

Amount of Each Receipt this Period **300.00**

C. Dr. George Bolton
Full Name (Last, First, Middle Initial)

Mailing Address 133 Yankton St

City Folsom State CA Zip Code 95630-8140

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951672

Amount of Each Receipt this Period **300.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jonathan Breslau
 Full Name (Last, First, Middle Initial)
 Mailing Address 2690 Azalea Rd
 City Sacramento State CA Zip Code 95864-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Associates of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1360.08**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951673
 Amount of Each Receipt this Period **680.04**

B. Dr. Nicole Carbo
 Full Name (Last, First, Middle Initial)
 Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy
 City Sacramento State CA Zip Code 95815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951674
 Amount of Each Receipt this Period **150.00**

c. Dr. Christopher Chong
 Full Name (Last, First, Middle Initial)
 Mailing Address 27075 E El Macero
 City El Macero State CA Zip Code 95618-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951675
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	1130.04
TOTAL This Period (last page this line 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 69 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Huu-Ninh Dao		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951676
Mailing Address 2627 Rockwell Dr		Amount of Each Receipt this Period 300.00
City Davis	State CA	Zip Code 95618-7664
FEC ID number of contributing federal political committee.	C	
Name of Employer Radiological Associates of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. John De la Vega		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951677
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Amount of Each Receipt this Period 625.02
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee.	C	
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	

Full Name (Last, First, Middle Initial) C. Dr. Roland DeMarco		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951678
Mailing Address 5174 Prior Rdg		Amount of Each Receipt this Period 150.00
City Granite Bay	State CA	Zip Code 95746-7186
FEC ID number of contributing federal political committee.	C	
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1075.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Scott Foster
Full Name (Last, First, Middle Initial)

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City Sacramento State CA Zip Code 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951680

Amount of Each Receipt this Period **300.00**

B. Dr. Hani Greiss
Full Name (Last, First, Middle Initial)

Mailing Address Roseville Imaging
1640 E Roseville Pkwy Ste 100

City Roseville State CA Zip Code 95661-3922

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951681

Amount of Each Receipt this Period **300.00**

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

Mailing Address 5249 Wyndham Oak Ln

City Carmichael State CA Zip Code 95608-3472

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 29 / 2011**

Transaction ID : 40951682

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Glenn Hofer
Full Name (Last, First, Middle Initial)

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City Sacramento State CA Zip Code 95815-4227

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

Name of Employer Rad Assoc of Sacramento Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 29 / 2011
Transaction ID : **40951683**

Amount of Each Receipt this Period
300.00

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

Mailing Address 1117 Teneighth Way

City Sacramento State CA Zip Code 95818-4024

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

Name of Employer Self-Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
06 / 29 / 2011
Transaction ID : **40951684**

Amount of Each Receipt this Period
252.00

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

Mailing Address 2619 Mariella Dr

City Rocklin State CA Zip Code 95765-5618

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 29 / 2011
Transaction ID : **40951685**

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	852.00
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 72 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1747 E Wallington Ln

City State Zip Code
Fresno CA 93730-3596

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951686

Amount of Each Receipt this Period
300.00

B. Dr. Vartan Malian
Full Name (Last, First, Middle Initial)

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951687

Amount of Each Receipt this Period
300.00

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

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951688

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Charles McDonnell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5436 Ridge Park Dr
 City Loomis State CA Zip Code 95650-7701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 06 / 29 / 2011
Transaction ID : 40951689
 Amount of Each Receipt this Period
 300.00

B. Dr. Miyuki Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5198 Prior Rdg
 City Granite Bay State CA Zip Code 95746-7186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 06 / 29 / 2011
Transaction ID : 40951690
 Amount of Each Receipt this Period
 150.00

C. Dr. Michael Norton
 Full Name (Last, First, Middle Initial)
 Mailing Address Rad Assoc of Sacramento Med Grp
 1500 Expo Pkwy
 City Sacramento State CA Zip Code 95815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rad Assoc of Sacramento Med Gr Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 06 / 29 / 2011
Transaction ID : 40951691
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Narasimhachari Raghavan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3157 Oak Cliff Cir
 City Carmichael State CA Zip Code 95608-4571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951692
 Amount of Each Receipt this Period 150.00

B. Dr. Christopher Schaefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Expo Pkwy.
 City Sacramento State CA Zip Code 95815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951693
 Amount of Each Receipt this Period 300.00

C. Dr. Albert Schraner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Tufts St
 City Davis State CA Zip Code 95618-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951694
 Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. David Seidenwurm
 Full Name (Last, First, Middle Initial)
 Mailing Address 2806 Hoffman Bluff Way
 City Carmichael State CA Zip Code 95608-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951695
 Amount of Each Receipt this Period
 150.00

B. Dr. Christopher Simopoulos
 Full Name (Last, First, Middle Initial)
 Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy
 City Sacramento State CA Zip Code 95815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951696
 Amount of Each Receipt this Period
 300.00

C. Dr. Susan Sompayrac
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy
 City Sacramento State CA Zip Code 95815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiological Assoc of Sacramen Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951699
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95618-6760

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951700

Amount of Each Receipt this Period
300.00

B. Dr. Bahram Varjavand
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Chalupa Pl

City State Zip Code
Davis CA 95618-6757

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951701

Amount of Each Receipt this Period
150.00

C. Dr. Calvin Wang
Full Name (Last, First, Middle Initial)

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer Occupation
Radiological Assoc. of Sacramento Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951702

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1500 Expo Pkwy.

City Sacramento	State CA	Zip Code 95815-4227
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2011

Transaction ID : 40951704

Amount of Each Receipt this Period

300.00

B. Dr. Dylan Witt
Full Name (Last, First, Middle Initial)

Mailing Address 3636 Washoe St

City Davis	State CA	Zip Code 95618-5087
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2011

Transaction ID : 40951705

Amount of Each Receipt this Period

300.00

C. Dr. Frederic Conte
Full Name (Last, First, Middle Initial)

Mailing Address 918 Colby Dr

City Davis	State CA	Zip Code 95616-1758
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2011

Transaction ID : 40951706

Amount of Each Receipt this Period

150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Benjamin Franc		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951707
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Amount of Each Receipt this Period 300.00
City Sacramento	State Zip Code CA 95815-4227	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer University of California	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard W. Myers		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951708
Mailing Address Radiological Associates of Sacrame 1500 Expo Pkwy		Amount of Each Receipt this Period 150.00
City Sacramento	State Zip Code CA 95815-4227	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Radiological Associates of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sharon Dutton		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951709
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Amount of Each Receipt this Period 300.00
City Sacramento	State Zip Code CA 95815-4227	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Roger Gilbert		Date of Receipt
Mailing Address 1500 Expo Pkwy.		M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011
City State Zip Code Sacramento CA 95815-4227		Transaction ID : 40951710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian Goldsmith		Date of Receipt
Mailing Address Radiological Assoc of Sacramento 2800 L St Ste 10		M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011
City State Zip Code Sacramento CA 95816-5616		Transaction ID : 40951711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Christopher Jones		Date of Receipt
Mailing Address Radiological Assoc of Sacramento 2800 L St Ste 10		M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011
City State Zip Code Sacramento CA 95816-5616		Transaction ID : 40951712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 80 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Susan Lee
Full Name (Last, First, Middle Initial)
Mailing Address 1500 Expo Pkwy.
City Sacramento State CA Zip Code 95815-4227
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951713
Amount of Each Receipt this Period **600.00**

B. Dr. David Linstadt
Full Name (Last, First, Middle Initial)
Mailing Address Auburn Radiation Oncology Center
3320 Bell Rd
City Auburn State CA Zip Code 95603-9243
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiation Oncology Centers Occupation Radiation Oncologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951715
Amount of Each Receipt this Period **300.00**

C. Dr. Mark Logsdon
Full Name (Last, First, Middle Initial)
Mailing Address Rad Associates of Sacramento
1500 Expo Pkwy
City Sacramento State CA Zip Code 95815-4227
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 29 / 2011**
Transaction ID : 40951716
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony Pu		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951717
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Amount of Each Receipt this Period 150.00
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc of Sacramen	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Seth Rosenthal		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951718
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Amount of Each Receipt this Period 150.00
City Sacramento	State CA	Zip Code 95815-4227
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Janice Ryu		Date of Receipt 06 / 29 / 2011 Transaction ID : 40951719
Mailing Address 2090 8th Ave		Amount of Each Receipt this Period 150.00
City Sacramento	State CA	Zip Code 95818-4211
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Harvey Wolkov		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951720
Mailing Address Radiation Oncology Center 2800 L St Ste 10		Amount of Each Receipt this Period 120.00
City Sacramento	State CA	
Zip Code 95816-5616		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Radiological Assoc. of Sacramento Med C	Occupation Radiation Oncologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Robert Barr		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951722
Mailing Address Mecklenburg Radiology Assoc PO Box 221249		Amount of Each Receipt this Period 21.00
City Charlotte	State NC	
Zip Code 28222-1249		Aggregate Year-to-Date ▼ 916.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mecklenburg Radiology Associates, P.A.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. John Campbell		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951744
Mailing Address 1416 Watersedge Dr		Amount of Each Receipt this Period 166.66
City Virginia Beach	State VA	
Zip Code 23452-6222		Aggregate Year-to-Date ▼ 499.98
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	307.66
TOTAL This Period (last page this line 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 83 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr. Theodore Dorsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Chandon Cres
 City Virginia Beach State VA Zip Code 23454-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951745
 Amount of Each Receipt this Period
160.00

B. Dr. Lauren Granata
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 Five Point Rd
 City Virginia Beach State VA Zip Code 23454-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **501.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951746
 Amount of Each Receipt this Period
167.00

C. Dr. Michael Ho
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Center Radiology Inc
 5544 Greenwich Rd Ste 200
 City Virginia Beach State VA Zip Code 23462-6563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951747
 Amount of Each Receipt this Period
166.66

SUBTOTAL of Receipts This Page (optional).....	493.66
TOTAL This Period (last page this line 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 84 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Lester Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 1021 Downshire Chase
City Virginia Beach State VA Zip Code 23452-6154
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951748
Amount of Each Receipt this Period 166.66

B. Dr. David Kushner
Full Name (Last, First, Middle Initial)
Mailing Address 2020 Canal Rd
City Virginia Beach State VA Zip Code 23451-1615
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951749
Amount of Each Receipt this Period 166.00

C. Dr. Karah Lanier
Full Name (Last, First, Middle Initial)
Mailing Address 1503 S sea Breeze Trl
City Virginia Beach State VA Zip Code 23452-4730
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951750
Amount of Each Receipt this Period 170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 502.66
TOTAL This Period (last page this line 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 85 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Phillip Luebbert			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951751
Mailing Address 9528 25th Bay St			Amount of Each Receipt this Period 166.66
City Norfolk	State VA	Zip Code 23518-1812	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		

Full Name (Last, First, Middle Initial) B. Dr. Richard Thomas			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951752
Mailing Address 1431 Kemp Bridge Ln			Amount of Each Receipt this Period 83.34
City Chesapeake	State VA	Zip Code 23320-5056	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

Full Name (Last, First, Middle Initial) C. Dr. Jennifer Weaver			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951753
Mailing Address 1029 Assembly Dr			Amount of Each Receipt this Period 166.00
City Virginia Beach	State VA	Zip Code 23454-2874	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00		

SUBTOTAL of Receipts This Page (optional).....▶	416.00
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 86 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6515 Fallwind Ln

City Bethesda State MD Zip Code 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951754

Amount of Each Receipt this Period 400.00

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

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

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951755

Amount of Each Receipt this Period 250.00

C. Dr. Amanda Ferrell
Full Name (Last, First, Middle Initial)

Mailing Address 1606 Blair St

City Little Rock State AR Zip Code 72207-5302

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2011
Transaction ID : 40951756

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Kevin Forte
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 9601 Lile Dr Ste 1100
 City Little Rock State AR Zip Code 72205-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951757
 Amount of Each Receipt this Period
125.00

B. Dr. Clinton Fuller III
 Full Name (Last, First, Middle Initial)
 Mailing Address 9601 Lile Dr Ste 1100
 City Little Rock State AR Zip Code 72205-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951758
 Amount of Each Receipt this Period
125.00

C. Dr. Scott Harter
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 9601 Lile Dr Ste 1100
 City Little Rock State AR Zip Code 72205-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951759
 Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David Hays		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951760
Mailing Address 18 Farnham Loop		Amount of Each Receipt this Period 250.00
City Little Rock	State AR	Zip Code 72223-9199
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael King		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951761
Mailing Address 9601 Lile Dr. Suite 1100		Amount of Each Receipt this Period 250.00
City Little Rock	State AR	Zip Code 72205-6333
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David Kolb		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : 40951762
Mailing Address 25 Talais Dr		Amount of Each Receipt this Period 250.00
City Little Rock	State AR	Zip Code 72223-9129
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants of Little Rock	Occupation Diagnostic Radiologist	
Receipt For: <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).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ronald J. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 110 Buckland Pl

City Little Rock State AR Zip Code 72223-4567

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951763

Amount of Each Receipt this Period
250.00

B. Dr. Steven Nokes
Full Name (Last, First, Middle Initial)

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

City Little Rock State AR Zip Code 72205-6333

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951764

Amount of Each Receipt this Period
250.00

C. Dr. W Dale Perrymore
Full Name (Last, First, Middle Initial)

Mailing Address 6 Courts Dr

City Little Rock State AR Zip Code 72223-9021

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951765

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Kenneth Robbins
 Full Name (Last, First, Middle Initial)
 Mailing Address Radiology Consultants
 9601 Lile Dr Ste 1100
 City Little Rock State AR Zip Code 72205-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock+ Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951766
 Amount of Each Receipt this Period
250.00

B. Dr. Martin Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Wetherborne Dr
 City Little Rock State AR Zip Code 72211-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951767
 Amount of Each Receipt this Period
125.00

C. Dr. Thomas St Amour
 Full Name (Last, First, Middle Initial)
 Mailing Address 14116 Belle Pointe Dr
 City Little Rock State AR Zip Code 72212-3697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2011
Transaction ID : 40951768
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 121
	<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"/>	<input type="checkbox"/> 17

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

A. Dr. Todd Smith
Full Name (Last, First, Middle Initial)

Mailing Address 18 Masters Cir

City Little Rock State AR Zip Code 72212-3304

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951769

Amount of Each Receipt this Period
250.00

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

Mailing Address 216 Buckland Cir

City Little Rock State AR Zip Code 72223-4534

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951770

Amount of Each Receipt this Period
250.00

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

Mailing Address 55 Robinwood Dr

City Little Rock State AR Zip Code 72227-2238

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

Name of Employer Radiology Consultants of Little Rock Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 40951771

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Patrick Rheingans		Date of Receipt MM / DD / YYYY 06 / 29 / 2011 Transaction ID : 40951774
Mailing Address Radiology Group Imaging Ctr 1970 E 53rd St		Amount of Each Receipt this Period 250.00
City Davenport	State IA Zip Code 52807-2710	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Radiology Group Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William Benedetto JR		Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : 41140795
Mailing Address 390 Ponderosa Ln		Amount of Each Receipt this Period 500.00
City Kalispell	State MT Zip Code 59901-6835	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Northwest Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Hugh Cecil		Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : 41140796
Mailing Address Northwest Imaging PO Box 9110		Amount of Each Receipt this Period 500.00
City Kalispell	State MT Zip Code 59904-2110	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Northwest Imaging, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 93 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Anders Engdahl		Date of Receipt
Mailing Address P.O. Box 9110		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kalispell	MT	59904-2110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41140797
Name of Employer	Occupation	Amount of Each Receipt this Period
Northwest Imaging, P.C.	Diagnostic Radiologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Patrick McDonnell		Date of Receipt
Mailing Address 379 Sheepherder Hill Rd		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kalispell	MT	59901-7160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41140798
Name of Employer	Occupation	Amount of Each Receipt this Period
Northwest Imaging, P.C.	Diagnostic Radiologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Richard Friedman		Date of Receipt
Mailing Address PO Box 9110		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kalispell	MT	59904-2110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41140800
Name of Employer	Occupation	Amount of Each Receipt this Period
Northwest Imaging, P.C.	Diagnostic Radiologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. B Frank Gray III			Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : 41140802
Mailing Address 178 E Bowman Dr			Amount of Each Receipt this Period 500.00
City Kalispell	State MT	Zip Code 59901-6817	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Northwest Imaging, P.C.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael Henson			Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : 41140803
Mailing Address PO Box 9110			Amount of Each Receipt this Period 500.00
City Kalispell	State MT	Zip Code 59904-2110	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Northwest Imaging, P.C.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Donald Schumacher			Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : 41140804
Mailing Address 347 Rice Ln			Amount of Each Receipt this Period 500.00
City Whitefish	State MT	Zip Code 59937-8558	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Northwest Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 95 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Nicholas Cantrell
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9110
 City Kalispell State MT Zip Code 59904-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : 41140805
 Amount of Each Receipt this Period
 500.00

B. Dr. Debra Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9110
 City Kalispell State MT Zip Code 59904-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : 41140806
 Amount of Each Receipt this Period
 500.00

C. Dr. Mark Luedke
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Hooper Hill Rd
 City New Boston State NH Zip Code 03070-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SNHRC Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2011
Transaction ID : 42832037
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

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

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

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

FOR LINE NUMBER: PAGE 96 OF 121
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Raymond Tu

Mailing Address 1539 27th St NW

City Washington State DC Zip Code 20007-3030

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

Name of Employer Progressive Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : 42832038

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	50046.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Follow the North Star Fund

Mailing Address 316 E HENNEPIN AVE
SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement

011

Candidate Name

Follow the North Star Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2011

Transaction ID : 39867378

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Woody Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2011

Transaction ID : 39870096

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Candidate Name

Ms. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : 39924748

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement

011

Candidate Name

Mr. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

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

Transaction ID : 39985665

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Legpac

Mailing Address 38 Ivy Street Southeast

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

Legpac

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 39985666

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TFP-FOJB

Mailing Address 631-B Pennsylvania Ave., S.E.

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40179795

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	6	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	6	0	0	.	0	0
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Barrasso

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement

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

Transaction ID : 40179796

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles W. Dent

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

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

Transaction ID : 40179797

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kristi PAC

Mailing Address P.O. Box 312

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kristi PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40179798

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leading Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

011

Candidate Name

Leading Your Nation Now PAC (LYNN PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	1

Transaction ID : 40403646

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Woody Jenkins For Congress

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

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

Transaction ID : 40403783

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kristi PAC

Mailing Address P.O. Box 312

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

011

Candidate Name

Kristi PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40403917

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benishek For Congress

Mailing Address 802 Pentoga Trail

City State Zip Code
Crystal Falls MI 49920

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Daniel Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2011

Transaction ID : 40407306

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City State Zip Code
Peoria IL 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2011

Transaction ID : 40413623

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 5035 Township Line Road
PO Box 308

City State Zip Code
Drexel Hill PA 19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

Transaction ID : 40414865

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

**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 College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Snowe For Senate

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Olympia J. Snowe

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: ME District:

Date of Disbursement

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

Transaction ID : 40422624

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Orrin G. Hatch

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

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

Transaction ID : 40424197

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim Scott

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: SC District: 01

Date of Disbursement

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

Transaction ID : 40425493

Amount of Each Disbursement this Period

5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

1	0	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Latham For Congress

Mailing Address P.O. Box 71
PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

011

Candidate Name

Rep. Thomas P. Latham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

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

Transaction ID : 40426468

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

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

Transaction ID : 40426594

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

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

Transaction ID : 40426997

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	0	0	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

Transaction ID : 40428023

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

Transaction ID : 40428151

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Freedom Matters PAC

Mailing Address 8410 HWY 90 A
STE 160

City SUGAR LAND State TX Zip Code 77478

Purpose of Disbursement

011

Category/
Type

Candidate Name

Freedom Matters PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40429399

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

011

Candidate Name

Rep. Fortney Peter Stark

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

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

Transaction ID : 40433780

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Takin Back America

Mailing Address PO BOX 31822

City State Zip Code
ST LOUIS MO 63131

Purpose of Disbursement

011

Candidate Name

Takin Back America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40564511

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement

011

Candidate Name

Rep. Michael J. Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

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

Transaction ID : 40564512

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Majority Initiative To Keep Electing Republicans F

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

011

Candidate Name

Majority Initiative To Keep Electing Republicans F

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2011

Transaction ID : 40564513

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Convention Contribution

011

Candidate Name

Mr. Christopher Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 Convention

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2011

Transaction ID : 40564541

Amount of Each Disbursement this Period

2000.00

Convention Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Altire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

011

Candidate Name

Mr. Jason Altire

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2011

Transaction ID : 40564550

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Latta For Congress

Mailing Address P.O. Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Latta

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Transaction ID : 40564559

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jaime Herrera Beutler

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

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

Transaction ID : 40564934

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lummis For Congress

Mailing Address 2015 Central Ave. Suite 200

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cynthia Lummis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

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

Transaction ID : 40564946

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0
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1	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Next Century Fund

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Next Century Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : 40564968

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Candidate Name

Rep. David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2011

Transaction ID : 40564971

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Candidate Name

Ms. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2011

Transaction ID : 40564973

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

011

Candidate Name

Rep. Phil Gingrey M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

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

Transaction ID : 40564983

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

011

Candidate Name

Sen. Orrin G. Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

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

Transaction ID : 40564985

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jackie Speier For Congress

Mailing Address Post Office Box 112

City State Zip Code
Burlingame CA 94011

Purpose of Disbursement

011

Candidate Name

Rep. Jackie Speier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

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

Transaction ID : 40564992

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 818 Connecticut Avenue Northwest
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

Glacier PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2011

Transaction ID : 40564994

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

Rep. Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : 40564995

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2011

Transaction ID : 40564997

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

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

Transaction ID : 40564998

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Democrats Against Waste in Government (DAWG PAC)

Mailing Address PO Box 83142

City State Zip Code
Gaithersburg MD 20883

Purpose of Disbursement

011

Category/
Type

Candidate Name

Democrats Against Waste in Government (DAWG PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

Transaction ID : 40570964

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)

Mailing Address 675 N WASHINGTON ST.
SUITE 410

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40571516

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	2	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olson For Congress Committee

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement

011

Candidate Name

Rep. Pete Olson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2011

Transaction ID : 40704915

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 1212 S. Victory Blvd
Suite 211

City State Zip Code
Burbank CA 91502

Purpose of Disbursement

011

Candidate Name

Rep. Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 40704998

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Woody Jenkins For Congress

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : 40778138

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

**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 College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leading Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Leading Your Nation Now PAC (LYNN PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 40778141

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. House Conservatives Fund

Mailing Address P. O. Box 2752

City Washington State DC Zip Code 20013

Purpose of Disbursement

011

Candidate Name

House Conservatives Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

Transaction ID : 40778156

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Trey Gowdy For Congress

Mailing Address PO Box 3324

City Spartanburg State SC Zip Code 29304

Purpose of Disbursement

011

Candidate Name

Rep. Trey Gowdy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 04

Date of Disbursement

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

Transaction ID : 40778162

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Broun Committee

Mailing Address P.O. Box 1512

City Athens State GA Zip Code 30601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul C. Broun

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2011

Transaction ID : 40778165

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Lonestarpac

Mailing Address PO Box 1000 Highway 259 South

City Lone Star State TX Zip Code 75668

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lonestarpac

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2011

Transaction ID : 40778169

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jo Bonner For Congress Committee

Mailing Address P.O.Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Josiah Robins Bonner Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2011

Transaction ID : 40778172

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

Rep. Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : 40778173

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement

011

Candidate Name

Rep. Gregg Harper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 40778179

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2011

Transaction ID : 40778181

Amount of Each Disbursement this Period

2000.00

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 College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Candidate Name

Rep. Paul D. Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

Transaction ID : 40778182

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

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

Transaction ID : 40791390

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City State Zip Code
Columbus OH 43231

Purpose of Disbursement

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

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

Transaction ID : 40791458

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pioneer Political Action Committee

Mailing Address 701 8th Street, N.W.
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

Pioneer Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2011

Transaction ID : 40791465

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Rely on Your Beliefs Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : 40791479

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2011

Transaction ID : 40791485

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : 40791508

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles F. Bass

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 40935953

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 40935956

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Latham For Congress

Mailing Address P.O. Box 71
PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

011
Category/Type

Candidate Name

Rep. Thomas P. Latham

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 40936902

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 5035 Township Line Road
PO Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011
Category/Type

Candidate Name

Mr. Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 40936987

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 422 C Street Northeast
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/Type

Candidate Name

Searchlight Leadership Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 40951777

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

4500.00

181000.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark Luedke

Mailing Address 26 Hooper Hill Rd

City New Boston State NH Zip Code 03070-3804

Purpose of Disbursement
Duplicate contribution - this is the refund

010

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : 40769343

Amount of Each Disbursement this Period

500.00

Duplicate contribution - this is the refund

Full Name (Last, First, Middle Initial)

B. Dr. Raymond Tu

Mailing Address 1539 27th St NW

City Washington State DC Zip Code 20007-3030

Purpose of Disbursement
Duplicate contribution - this is the refund

010

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2011

Transaction ID : 40785315

Amount of Each Disbursement this Period

250.00

Duplicate contribution - this is the refund

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

750.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41105964

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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